TRAVEL CASH ADVANCE AUTHORIZATION

EMPLOYEE NAME		TITLE			
SOCIAL SECURITY NUMBER	ORG NUMBER	AUTHORI	ED BY: (Supervisor)		
TRAVEL INFORMATION					
1. TYPE OF TRAVEL (Check One)					
[] SINGLE TRIP IN STATE [] SINGLE OUT OF STATE [] CONTINUOUS TRAVEL [] OTHER (Specify)					
2. PURPOSE OF TRAVEL					
3. DATE OF TRAVEL	4. DESTINATION(S)				
5. METHOD OF TRAVEL (Check as applicable)					
[] PRIVATE CAR [] STATE CAR [] COMMERCIAL AIRPLANE [] STATE AIRPLANE [] OTHER (Specify)					
ESTIMATED EXPENDITURES (if this authorization is for continuous travel, the estimated expenditures					
should cover one pay period)					
TYPE OF EXPENDITURE		ANTICIPATED PAYMENT METHOD			
Meals		CREDI	CARD CA	ASH	TOTAL
<u> </u>					
Lodging					
Transportation					
(On a sit)					
Other Expenses (Specify)					
TOTAL					
Miscellaneous (Use this space for any remarks or explanations of unusual expenses)					
AUTHORIZATION			RECEIPT ACKNOWLEDGEMENT		
The described travel is authorized [] YES []					
Approved by:		Receipt of Check No.	eipt of Check No.		
(Supervisor	r)	(Date)	in the amount of \$		
2. Previous travel advance repaid	0				
If NO, amount of outstanding advance \$					
			(Employee Signature)		(Date)
Verified by:			4.00011	NTING	
(Accounting	g Section)	(Date)	ACCOU	NTING SEC	HON ONLY
3. Travel advance in the amount of \$					
			Posted By		
horoby outhorized by			Dof No	Doto	
hereby authorized by: (Agency Figure 1)	Ref No.	_ Date _			
(Agency Fi	scai Officer)	(Date)			