

**TRAVEL CASH ADVANCE AUTHORIZATION**

EMPLOYEE NAME		TITLE	
SOCIAL SECURITY NUMBER	ORG NUMBER	AUTHORIZED BY: (Supervisor)	
TRAVEL INFORMATION			
1. TYPE OF TRAVEL (Check One) <input type="checkbox"/> SINGLE TRIP IN STATE <input type="checkbox"/> SINGLE OUT OF STATE <input type="checkbox"/> CONTINUOUS TRAVEL <input type="checkbox"/> OTHER (Specify) _____			
2. PURPOSE OF TRAVEL _____			
3. DATE OF TRAVEL _____		4. DESTINATION(S) _____	
5. METHOD OF TRAVEL (Check as applicable) <input type="checkbox"/> PRIVATE CAR <input type="checkbox"/> STATE CAR <input type="checkbox"/> COMMERCIAL AIRPLANE <input type="checkbox"/> STATE AIRPLANE <input type="checkbox"/> 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	
		CREDIT CARD	CASH
			TOTAL
Meals			
Lodging			
Transportation			
Other Expenses (Specify) _____			
<b>TOTAL</b>			

Miscellaneous (Use this space for any remarks or explanations of unusual expenses)

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AUTHORIZATION	RECEIPT ACKNOWLEDGEMENT
1. The described travel is authorized <input type="checkbox"/> YES <input type="checkbox"/> NO Approved by: _____ (Supervisor) (Date)	Receipt of Check No. _____ in the amount of \$ _____
2. Previous travel advance repaid <input type="checkbox"/> YES <input type="checkbox"/> NO  If NO, amount of outstanding advance \$ _____	(Employee Signature) (Date)
Verified by: _____ (Accounting Section) (Date)	<b>ACCOUNTING SECTION ONLY</b>
3. Travel advance in the amount of \$ _____  hereby authorized by: _____ (Agency Fiscal Officer) (Date)	
	Posted By _____ Ref No. _____ Date _____