Travel Advance Request Form

Please Print

Employee: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Amount of Travel Advance: _____

Date check is needed *(if different from departure date):* _____

Charge to Budget Number: _____

Travel Destination: _____

Reason for Trip: _____

_____

Expense report will be turned in to the Business Office by this date: _____
*(within **TEN DAYS** of return)*

If my Expense Report is not turned in within **_TEN DAYS AFTER_ I return from my trip**, I authorize
RMC to deduct this advance from my next paycheck.

_____
Employee Signature   Date

_____
VP Signature   Date

_____
Budget Office Signature   Date