



INSTRUCTIONS TRAVEL ADVANCE REQUEST

Travel Advance No.

Please assign a unique number which is your travel number and should be included as well in the space provided on the Business Expense Reimbursement Form (BERF) when the traveler makes an accounting for the travel advance. This number should use the first three letters of your Department, hyphen, and a consecutive numbering system of 4 digits. (Example: BUS-0023)

Traveler

Complete all entries in the **General Section**, enter the total of all estimated cash expenses on the lines provided and enter the total in 'Total Trip Expense'. The estimate for per Diem meals must not exceed the current daily rate specified in the [Travel Policy \(D015\)](#) times the number of days away. Read and sign the Acknowledgement/Statement section. **This form must be accompanied by a Check Requisition Form for the amount of the advance requested.**

Approvals Required

Department

Both the Travel Advance Request and the Check Requisition Forms must be approved by an authorized signer on the account which will be charged for the travel advance.

Sponsored Accounts

All requests for travel advances on a sponsored account must be approved by the appropriate Sponsored Program Expenditure Compliance Office.

Non-Sponsored Accounts

Travel advance requests on non-sponsored accounts must be sent to the Disbursements Office, Gables Campus.

For **Air Travel only** with the Authorized Travel Agencies – use the “[Ghost Card Form](#)”



UNIVERSITY OF MIAMI TRAVEL ADVANCE REQUEST

No.

GENERAL

FIRST NAME	LAST NAME	E-MAIL	PHONE NUMBER	DATE
DEPARTMENT		BUILDING/ROOM NO.	LOCATOR CODE	
CONTROL #	ACCOUNT NO.		SUB-OBJECT NO.	
DESTINATION			DATES OF TRIP	
			FROM	TO

PURPOSE OF TRIP (BE SPECIFIC, INCLUDE PERSONS AND/OR ORGANIZATIONS TO BE VISITED AND REASONS FOR VISIT OR MEETING)
 IF A SPONSORED ACCOUNT IS USED, THE DIRECT BENEFIT TO THE GRANT NEEDS TO BE STATED.

ESTIMATED EXPENSES		TRAVEL AUTHORIZATION	
Airfare	\$	Dept Head <input type="checkbox"/> Dean <input type="checkbox"/> Division Head <input type="checkbox"/> P.I. <input type="checkbox"/>	
Transportation	\$	Sign Name	
Lodging	\$		
Per Diem Meals	\$	Print Name	Date
Other	\$		
Total:	\$	Sponsored Office Expenditure Control Signature <i>(if a sponsored account is used)</i>	
Explanations:			

ACKNOWLEDGEMENT & AUTHORIZATION

I declare that all travel advance monies are held by me in trust for University Business travel. All monies in excess of expenditures allowed by University Policy for the purposes of this trip shall be returned by me to the University along with a Business Expense Reimbursement Form (Berf), detailing all expenditures within **10 days** after the completion of the trip. In the event that such excess is not repaid within the prescribed time, or if I fail to provide the accounting and documentation for this trip in accordance with University Policy, I authorize the University's Payroll Office to withhold the full amount of this Travel Advance Request from any wages, salaries, or other monies due to me.

Traveler's Signature_____
UM ID Number_____
Date