



TRAVEL ADVANCE & EXPENSE - AUTHORIZATION FORM

Please print procedure summary on back of form

Required Information:

Name: _____ WSCU ID# _____ Phone: _____

Department: _____ Destination: _____

Purpose of Travel:

Provide complete detail.

Persons in attendance:

(for whom expenses are being claimed below)

(use separate sheet if necessary)

Printed Name Printed Name Printed Name Printed Name

Signature Signature Signature Signature

Type of Vehicle Used _____ Personal, _____ State, _____ Rental, _____ Plane PO's Associated with trip: _____

Section I (Optional)

TRAVEL ADVANCE REQUEST

I am requesting a travel advance of \$ _____ for travel beginning _____ and ending _____.

I understand that I must complete the statement of expenses section below and return it to accounts payable with receipts attached (including cash receipt from the cashier for any unspent cash), within two weeks from the ending date of travel. If I do not do so, I authorize the amount to be deducted from my paycheck.

TRAVELER'S SIGNATURE: _____ Date: _____ (International Travel needs prior approval, see below.)

Index _____ Account _____ Amount \$ _____ SUPERVISOR APPROVAL: _____

Index _____ Account _____ Amount \$ _____ Date approved: _____

Section II

STATEMENT OF EXPENSES

Travel (Required: Dates, Locations & Times)					Vehicle Costs/Gas		Per Diem/Incidental Exp				Lodging	Misc Only-NO GAS	
Date	Location		Time		.49/mile or receipt*		Break-fast	Lunch	Dinner	Inci-dental	Receipt Required	Description	
	From	To	Dep	Arr	Miles	Total \$						Car Rent etc.	Total \$

1. List travel dates, locations traveled & departure & arrival times.

2. Use appropriate column for listing expenses.

3. Do not total rows or columns. *See instructions on back.

(Put trip total on this line) Total Expenses _____

Less Travel Advance (from sect 1 above) _____

Net Reimbursement Requested _____

or Cash Returned _____

SUPERVISOR'S APPROVAL: _____ Index _____ Account _____ Amount \$ _____

Date Approved _____ Index _____ Account _____ Amount \$ _____

Prior Authorization for International Travel: _____ Date: _____

Estimated Amount: _____ Index _____ Account _____ (Please attach detailed budget of estimated costs)

I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which advance/reimbursement is claimed was or will be performed by me while on State business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. Further, I hereby authorize the State to deduct from my pay any amount paid to me in excess of my actual incurred expenses.

TRAVELER'S SIGNATURE: _____ Date: _____

Hold at Cashier's Window

Mail to: _____