

# Travel / Cash Advance

TRAVELER'S NAME	LAST	FIRST
TRAVEL PURPOSE	ACCOUNT #	DATE NEEDED BY
DESTINATION(S)		

## Advance Calculations/Estimation

Estimated Meals		\$ _____
Lodging	Confirmed Rates _____ x Number of Nights _____	\$ _____
Car Rental	Rental Rates _____ x Number of Days _____	\$ _____
Other (itemize on the back of this form)		\$ _____
Calculated/Estimated Travel Advance (Rounded to nearest \$10)		\$ _____

**Please Remember: Obtain receipts for each expense and submit them with an expense report when you return. Thank you.**

Total Funds received by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_

“I acknowledge my obligation to account for expenditures made in connection with this trip and agree to submit expense reports and to return any unused advances to the University within ten days after my return. I hereby authorize and agree that in the even I should fail to comply with these obligations, Corban University may, in its sole discretion, withhold from my salary or wages all or any of the amount equal to the total amount not accounted for or returned.”

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signatures \_\_\_\_\_ Department Head \_\_\_\_\_ Administrator \_\_\_\_\_ Financial Services \_\_\_\_\_