

For Admin Only	
Date Received:	

ICB – TRAVEL ADVANCE REQUEST

Submit completed form along with all original receipts to 2626 Ellison Hall.
PLEASE ALLOW AT LEAST 8-10 BUSINESS DAYS FOR PROCESSING.

PAYEE INFORMATION

Make check payable to: _____ Date Needed: _____

Traveler's Name (if different from Payee): _____

Phone Ext: _____ Email address: _____ Employee ID #: _____

Receive Reimbursement by: CHECK (enter address below) DIRECT DEPOSIT (only if set up)

Mailing Address for Check: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

** If you receive direct deposit for your paychecks your reimbursement will be credited to your bank account in the same manner. Please make sure you enter your employee ID in the space provided. Reimbursements cannot be credited to your BARC account*

Project Code to charge: _____ ICB Faculty Advisor: _____

Destination: _____ Begin Date: _____ End Date: _____

Purpose of Trip: _____

Amount to Advance: _____

List Expenses Separately:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

**If you are requesting a cash advance for expenses you expect to incur during the duration of your trip please be aware that accounting will not process the request until 30 days prior to the start of the trip. Advance requests for expenses already incurred will be treated as a reimbursement request and will be processed as soon as they are received. If you are requesting reimbursement for expenses already incurred please attach all receipts showing proof of payment with your paperwork.*

SIGNATURES

I certify that these expenses are being incurred for an official University business purpose.		I authorize the abovementioned traveler to charge these travel expenses to the account indicated above.	
Traveler's Signature	Date	Authorizing Signature (P.I.)	Date
