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| **CAS Business Center Travel Advance & Authorization Request Form** |
| Preparer’s Name:      | Preparer’s Dept:      | T Number      | Today’s Date:Click here to enter a date. |

**Traveler Information**

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| Name:       | Travel Type: Choose an item. |
| PID:       | Travel City:       |
| Departure Date: Click here to enter a date.Departure Time:       | Travel State:       |
| Travel Country:       |
| Return Date: Click here to enter a date.Return Time:       | Travel Purpose:       |
| Exchange Rate:       (Out of Country Travel Only) |
| Are any travel expenses expected to be paid by an outside party? Choose an item. |

**Authorization Details**

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| Registration Type: Choose an item. | Vendor Name:      | Registration Fees:      |
| Please submit appropriate documentation with all authorization requests. Proof of payment is required for reimbursements. A completed registration form is required for payments issued directly to the conference/vendor. |

**Advance Details**

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| Meals # of Days       x $40.50 = | Meal Per Diem Requested:       |
|  | Lodging Per Diem Requested:       |
| + | Other Expenses:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Total Advance Requested:*        |
| Faculty and staff may request travel advances for international travel only. Travel advances require a justification with signed department approval. |

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| **Required Financial Information** |
| Business Unit | Fund | Source | Dept ID | Program |
|       |       |       |       |       |

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| **Required for Contracts & Grants** | **Department Specific Information** |
| PC Business Unit | Project ID | Activity | Cost Code 1 | Cost Code 2 | Cost Code 3 |
|       |       |       |       |       |       |

*Please return this completed form to your department Administrative Manager with appropriate supporting documentation.*