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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**

|  |  |
| --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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**

|  |  |
| --- | --- |
| 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.*