



Travel Advance Request

Name _____ **Date** _____ **Employee ID #** _____
Last Name, First Name

Extension _____ **Email address** _____

Department _____ **Position** _____

Destination _____ **Date of Departure:** _____ **Date of return:** _____

Estimation of Cost _____ **Date advance needed** _____

Transportation _____

AP Needs 14 days processing time

Lodging _____

Meals _____

If you claim any advance for meals, actual meal receipts must be submitted on Travel Voucher. Amount allowed per meal up to meal allowance limitations.

Other _____

Total Estimated Cost \$ _____

Advance Requested \$ _____

Required: *** Attach Completed Authorization to Travel *******

Account Number	Speed Type/Chart
130090	

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Account Number	Fund	Department ID	Program	Project/Grant
130090				

Settlement Agreement

It is requested that a travel advance in the indicated amount to be issued to me as an advance for the cost of the above described travel. I agree to settle this advance by filing a travel voucher with the office of Accounts Payable (with attached receipt of any unused funds returned to the Bursar) on or before _____ (due date).

(within 15 days of Return date)

If I have not settled this advance with the office of Accounts Payable by the due date, I hereby authorize the University of New Orleans to deduct the full amount from my first paycheck following the due date or any subsequent paycheck.

Signature of Traveler

Approval of Dean, Chair or Department Head

Upon approval by Dean, etc., forward to Business Affairs for processing.

 Business Affairs Approval

 Accounts Payable