

# TRAVEL ADVANCE FORM

*NAME:	<input type="text"/>	*EMPLOYEE ID:	<input type="text"/>
*DEPARTMENT:	<input type="text"/>	*DATE:	<input type="text"/>
			DD / MM / YYYY
*DURING THE PERIOD:	<input type="text"/>	*ACCOUNT:	<input type="text"/>
		*CLASS:	<input type="text"/>
*PURPOSE OF TRAVEL:	<input type="text"/>		
*DESTINATION :	<input type="text"/>		
*PERSON(S) TRAVELLING:	<input type="text"/>		
*EXTERNAL FUNDING:	<input type="text"/>		

**ESTIMATION OF EXPENSES FOR DEAN'S APPROVAL (RECEIPTS NOT REQUIRED FOR ESTIMATE)**

DESCRIPTION	FUNDS REQUIRED (CDN)
<b>Total Estimate for Expenses</b>	
<b>*Advance Requested</b>	

	Printed Name	Signature	Date
* Traveller			
*Signature of Department Chair(1), Director(2), Dean(3), Other Authorized Signatory(4)			

Authorized signature required, please follow preferred order.

DD / MM / YYYY

**Notes:**

All advances must be reconciled within 30 days of completion of travel. A **Travel Claim Form** must be completed with **original receipts and boarding passes** attached. It is also recommended to attach credit card statement for international travel.

If after 90 days from the travel completion date, a travel claim with original receipts has not been filed, the amount of the travel advance will be billed to your account.

**Authorized signature must be completed correctly or advance will not be processed.** If you are the authorized signer on the account, a second signature is required from your Chair, Dean, Director or Other Authorized Signatory.

**\* Required Field**

<b>Accounting Office Use Only</b>	
Account :	Supplier:
Class:	Invoice Amt :
Invoice Date:	PST:
Invoice Number:	GST:
PO Number:	GST Code:
Note:	