

## **EMPLOYEE TRAVEL FORM**

(ADVANCES OR ESTIMATED EXPENSES)

| 1. EMPLOYEE/PAYEE INFORMATION                         |                       |            |          |               |                |                    |  |
|-------------------------------------------------------|-----------------------|------------|----------|---------------|----------------|--------------------|--|
| NAME: XULA ID:                                        |                       |            |          |               |                |                    |  |
| ADDRESS:                                              |                       |            |          |               |                |                    |  |
| EMAIL:                                                | EMAIL: CAMPUS EXT.:   |            |          |               |                |                    |  |
| 2. BUSINESS PURPOSE                                   |                       |            |          |               |                |                    |  |
| TRIP DETAIL/PURPOSE:                                  |                       |            |          |               |                |                    |  |
| LOCATION OF TRAVEL: DATES OF TRAVEL;                  |                       |            |          |               |                |                    |  |
| 3. FUNDING                                            |                       |            |          |               |                |                    |  |
| Fund O                                                | rgn                   | Acct.      | Prog     | g.            | Actv           | Amt.               |  |
| Fund O                                                | rgn                   | Acct.      | Prog     | g.            | Actv           | Amt.               |  |
| Fund Oi                                               | rgn                   | Acct.      | Prog     | ;             | Actv           | Amt.               |  |
| 4. ESTIMATED EXPENSES AND/OR ADVANCES REQUESTED       |                       |            |          |               |                |                    |  |
|                                                       |                       | PAYABLE TO |          | DATE REQUIRED | ADVANCE AMOUNT | ESTIMATED EXPENSES |  |
| TRANSPORTATION                                        |                       |            |          |               |                |                    |  |
| REGISTRATION                                          |                       |            |          |               |                |                    |  |
| ACCOMODATIONS                                         |                       |            |          |               |                |                    |  |
| MEALS                                                 |                       |            |          |               |                |                    |  |
| TOTAL REQUESTED                                       |                       |            |          |               |                |                    |  |
|                                                       |                       |            |          |               |                |                    |  |
| MAXIMUM APPROVED (IF LESS THAN REQUESTED)             |                       |            |          |               |                |                    |  |
| 5. APPROVALS                                          |                       |            |          |               |                |                    |  |
| Dean/Division Chair/Department Head/President/Provost |                       |            |          |               |                |                    |  |
| Print Name:                                           | rint Name: Signature: |            |          |               |                | Date:              |  |
| Print Name:                                           | Signature:            |            |          |               | Date:          |                    |  |
| Grant/Project Manager                                 |                       |            |          |               |                |                    |  |
| Print Name: Signature:                                |                       |            |          | Date:         |                |                    |  |
| Accounting Department                                 |                       |            |          |               |                |                    |  |
| Print Name: Signature                                 |                       |            | gnature: | : Date:       |                |                    |  |
| Traveler                                              |                       |            |          |               |                |                    |  |
| Print Name: Signature                                 |                       |            | gnature: |               | Date:          |                    |  |

The settlement of travel advances is required within ten (10) business days upon returning from travel. Failure to settle a travel advance within the specified timeframe will result in the recognition of the advance as a payroll deduction to the employee and revocation of the privilege for receiving future advances.