



REQUEST FOR TRAVEL ADVANCE

Name of Applicant _____

Date of Request ____/____/____	Date Check Needed ____/____/____
Date of Departure ____/____/____	Date of Return ____/____/____
Estimated time _____am/pm	Estimated Time _____am/pm

Travel Expense form due 10 calendar days from date of return; interest will be charged on late forms.

Name of Conference/Workshop _____
Location _____ (If out of state, prior Board approval is required)
Date of Board approval if necessary ____/____/____ (No advance issued prior to Board approval)

Amount requested: As a guideline, estimate the following expenditure that have not had a purchase order issued. Return entire form to Business Office.

Description	Amount	Account Code
Mileage (____ @ ____/mi)		
Food (based on meal allowance)		
Lodging		
Other		
Total Amount Requested		

I hereby certify under penalty of perjury, that I have a valid driver's license and have current minimum auto insurance required by the State of Washington.

Signature of Applicant _____ Date ____/____/____

Manager of Chargeable Budget _____ Date ____/____/____

Supervisor (if different) _____ Date ____/____/____

For Business Office Use Only

Date of Advance ____/____/____	Amount of Advance _____	Check Number _____
Receipt of Advanced Travel Check _____		Date _____

Date Expense Request Returned ____/____/____	Total Expended _____
If Late, Interest Charged _____	Amount due employee _____
Amount to be reimbursed to Adv Travel Fund \$ _____	Date fund reimbursed ____/____/____