

REQUEST FOR TRAVEL ADVANCE
(Attach copy of Travel Authorization)

Traveler: _____ Program Charged: _____

Destination: _____ Fund Number: _____

Business Travel Began	
Date: _____	Time: _____

Business Travel Ended	
Date: _____	Time: _____

Mileage (privately-owned automobile)
_____ (miles) × _____ (IRS standard mileage rate) \$ _____

Airfare
Coach class commercial airfare paid by employee-**attach support** \$ _____

Meals
Maximum of **\$70.00** per day for in-state travel
Maximum of **\$70.00** per day for out-of-state travel \$ _____

Meals (last day of travel)
 a. Less than 2 hours of travel beyond the initial time of departure, max. **none**
 b. 2 hours, but less than 6 hours beyond the initial time of departure, max. **\$25.00**
 c. 6 hours, but less than 12 hours beyond the initial time of departure, max. **\$50.00**
 d. 12 hours or more beyond the initial time of departure, max. **\$70.00** \$ _____

Lodging
Single occupancy rate, government rate whenever possible-**attach support** \$ _____

Other Expenses
Taxi, transportation fares, parking fees, registration fees, etc. \$ _____

Total Estimated Cost of Travel \$ _____

Amount Due-80% of total Estimated Cost \$ _____

Employee/Public Officer Signature: _____ Date: _____

Approvals:

Supervisor: _____ Date: _____

Executive Director: _____ Date: _____