



SABSC TRAVEL ADVANCE

(Refer to the BC Travel Policy and Instructions before completing)

Travel Advance #

Employee's Full Name (Middle Initial):		Business Purpose of Expense: (check one)	
Department:		<input type="checkbox"/> Conference	<input type="checkbox"/> Recruiting
Extension:		<input type="checkbox"/> Team Travel	<input type="checkbox"/> Research
Employee ID:		<input type="checkbox"/> University Sponsored Function	<input type="checkbox"/> Training
Originator:		<input type="checkbox"/> Fundraising	
Conference/Function Name:		Date of Conference/Function: ____/____/____	

Justification for Amount Requested

PART 1: TRANSPORTATION

Date(s)	Transportation Type	From and To City/State/Country	Amount

TOTAL Transportation Expenses Subtotal 1: \$

PART 2: TRAVEL EXPENSES

Date(s)	Description of Expense	Amount

TOTAL Travel Expenses Subtotal 2: \$

Certification: I certify that the advance requested above will be used for authorized purposes only.

Signature of Employee: _____ / /

Print Employee Name: _____

Authorized Approval: _____ / /

Print Name: _____

TOTAL ADVANCE REQUEST \$

PART 3: CHARTSTRING

Department	Fund	Fund Source	Program	Function	Property

If funded by a grant or capital project please include the following Values

Project	PC Bus Unit	Activity	Res Type	Category	Sub-Cat

Attn Supervisors: Be sure account information and descriptions are filled in before signing travel report.