



Travel Advance Form

Name: _____ Date: _____

Reason for Travel: _____

Date Departing: _____ Date Returning: _____

Estimated Expenses:	Amount
Hotel	\$
Transportation	\$
Mileage	\$
Food	\$
Other (explain):	\$
<i>Total Advance Amount</i>	\$

**** Original receipts due within 5 business days after completed travel****

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____
Vivie Sinou, Executive Director

FOR ADMIN USE ONLY

Check Date: _____ Processed by: _____