TRAVEL CASH ADVANCE AUTHORIZATION

Employee Name

Employee ID Number

Unit/Division

Authorize by: (Unit/Division Director)

Travel Information

1. Type of Travel (Check one)
   - [] Single Trip in State
   - [] Single Out of State
   - [] Continuous Travel
   - [] Other (Specify)

2. Purpose of Travel

3. Date of Travel

4. Destination(s)

5. Method of Travel (Check as applicable)
   - [] Private Car
   - [] Gov’t/Rental Car
   - [] Commercial Airplane
   - [] State Airplane
   - [] Other (specify)

ESTIMATED EXPENDITURES (If this authorization is for continuous travel, the estimated expenditures should cover one pay period).

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th>Anticipated Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Credit Card</td>
</tr>
<tr>
<td>Employee Subsistence</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Other Travel expenses</td>
<td></td>
</tr>
<tr>
<td>Other Expense (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

MISCELLANEOUS (Use this space for any remarks or explanations of unusual expenses)

ACCOUNTING CODES

Department

Funding Source

Program

Project

AUTHORIZATION

1. The described travel is authorized [ ] YES [ ] NO
   Approved by: ___________________________ (Supervisor) Date: ____________

2. Previous travel advance repaid [ ] YES [ ] NO
   If NO, amount of outstanding advance $ ______________
   Verified by: ___________________________ (Accounting) Date: ____________

Travel Advance in the amount of $ ______________

Hereby authorized by ___________________________ (Fiscal Officer) Date: ____________

RECEIPT ACKNOWLEDGEMENT

Receipt of Check No. __________

In the amount of $ __________

EMPLOYEE SIGNATURE DATE

ACCOUNTING SECTION ONLY

Posted by: ___________________________ Date: ____________

Entry No. __________ Date: ____________