

Voucher # _____

Request For Travel Advance University of Wisconsin – Eau Claire

Name: Last _____ First _____ Initial _____ Send Check To: Mail Pickup Phone # _____ Special Instructions:	Purpose of Trip/Justification(s) (See Instruction #4 below)
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SS#	Number of Travelers	Date Required	Dates of Trip (From)	(To)	Destination(s)
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Instructions 1. Consult UWEC Travel Regulations or institution policy for eligibility requirements 2. Advance amount limited to (100% group / 80% individual) reimbursable expenses for travel. 3. Exclude from estimate all costs to be billed to the University or which will be charged to your corporate card. 4. Estimate cannot exceed maximums without justification. Specify above. 5. The advance cannot exceed 30 days estimated expenses for domestic travel, 90 days foreign travel 6. Initiate advance request two weeks prior to departure. 7. Sign and forward through regular channels. Retain traveler copy for submission with your travel expense report. Sign original and initial Travel Clerk Copy. 8. Submit the Original and Travel Clerk copies to Accounts Payable.	Traveler Complete This Portion (See instructions on left)	Amount (Omit Cents)
	1. Estimated Reimbursable Expenses for Meals _____ days x _____ \$ per day	
	2. Estimated Reimbursable Expenses for Lodging _____ days x _____ \$ per day	
	3. Estimated Transportation Expenses Air RR or Bus Auto	
	4. Other (Specify)	
	5. Subtotal of Reimbursable Expenses	
	6. Total Advance Allowed/Requested	

Advance must be returned immediately if the trip is cancelled or accounted for within 30 days after completion of trip or the advance will be deducted from the employee's next paycheck.

I certify that I have reviewed this and find the estimated costs are reasonable based on the itinerary and that the request is otherwise proper and necessary.

Traveler – Signature _____ Date _____	Dept Chair/Supervisor _____ Date _____
A/P Approval _____ Date _____	Account Responsible _____ Date _____
	Account Responsible _____ Date _____

Original

