

TRAVEL ADVANCE
Department of Cell Biology &
Physiology

TA # _____

Date _____

1. Traveler Information	Prepared By		Phone	

Employees or Students
Employee ID or Student ID

REQUIRED for Employees/Students (Do not use Social Security)

1. Traveler Information	Name to Appear on Check			
	Address or Campus Box			
	City	State	Zip	
	Check Distribution Instructions			
*if send check to, please list name and location:				

Non-Employees or Vendors
SSN or TIN

(Individuals)
EIN

(Unincorporated Entities)
REQUIRED for Payment Processing

2. Trip Details	Start Date		End Date		Destination (City, State, Country)	
	Business Purpose of the Trip					

3. Estimated Expenses	Airfare		Registration	
	Hotel		Transportation	
	Meals / Other		Other ()	
	TOTAL			

4. Accounts	Account to be Charged (LCDEPT-BUOB-FUND NUMBER)	SR Code (if applicable)	Amount
	TOTAL		

5. Approvals	I hereby certify that all of the information on this form is true and correct to the best of my knowledge. By signing this travel advance the approver is indicating that he/she reviewed all expenses to be reimbursed to the employee and that they are in compliance with all aspects of the travel policy. If the expenditure is funded by a GRANT or CONTRACT, the approver further certifies that the expenditure complies with all applicable cost principles and regulations of the sponsoring entity.	
	Traveler	
	Signature	Date
	Principal Investigator or Designee (if grant funds are being used)	
	Signature	Date
Business Manager or Department Chair		
Signature	Date	