



**DISTRICT ACCOUNTS PAYABLE OFFICE**  
**REQUEST FOR TRAVEL ADVANCE**

FIRST & LAST NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
(PLEASE PRINT) EXT

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

BANNER ID:
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BANNER INV:
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<b>For Accounting Use Only</b>
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PURPOSE OF TRIP: \_\_\_\_\_

Unless specifically authorized by the Chancellor or College President's, meal amounts exceeding the per-diem limit will not be reimbursed. Moreover, if a conference registration includes meals as part of the fee, then per-diem for that meal may not be additionally claimed.

Travel Policy: [http://business.fhda.edu/accounting/stories/storyReader\\$28](http://business.fhda.edu/accounting/stories/storyReader$28)

Please submit a Direct Pay Request for your convention fees, and lodging. Original receipts are required for all items except per-diem. Travel Advances will only be released 5 days before the departure date. In requesting this advance you are accepting the responsibility to file a properly approved TRIP VOUCHER within (30) days after your return. Mileage and Airfare can be claimed upon completion of your trip.

**PER-DIEM**

BREAKFAST @ \$10.00	NUMBER OF DAYS		TOTAL AMOUNT:	
LUNCH @ \$15.00	NUMBER OF DAYS		TOTAL AMOUNT:	
DINNER @ \$30.00	NUMBER OF DAYS		TOTAL AMOUNT:	
			PER-DIEM TOTAL \$	
OTHER:			TOTAL \$	
(EXPLAIN) _____				
			TOTAL ADVANCE REQUESTED: \$	

**Required:**

FUND (6 digits)	ORG (6 digits)	ACCT (4 digits)	PROG (6 digits)	AMOUNT
<b>TOTAL</b>				

REQUESTED BY: \_\_\_\_\_  
First & Last Name (PLEASE PRINT) EXT EMPLOYEE SIGNATURE (Required)

APPROVED BY: \_\_\_\_\_  
First & Last Name (PLEASE PRINT) EXT SIGNATURE (Required)