



TRAVEL ADVANCE REQUEST FORM

Minimum amount is \$100.00

***Indicates required field**

*Legal Name *G Number:

*Department: *SSN#:
(Required- If no G number provided)

*Phone: *Faculty/Staff Student
(check one)

FOAP CODES * Required fields - (#) indicates length of number

*FUND (6): *ORG (5): *ACCOUNT (4): *PROG (3):

*Purpose of Trip:

*Destination:

*Departure Date *Return Date

Note: Travel advances are available 3 days prior to departure date.

If early release of funds is necessary, please describe reason below: Amount:

Date Check is Needed:

Reason Check is Needed Early (examples: holiday closure, additional time for currency conversion, personal travel precedes GVSU travel, etc.)

***** IMPORTANT INFORMATION *****

If the traveler does not have a credit card or cash to cover expenses, the University will issue a cash advance for a reasonable estimate of expenses that will be reimbursed by the University. Request for the travel advances must be made on a Travel Advance Request Form and approved by the supervisor. These advances are considered personal obligations of the traveler. Please allow five (5) business days for processing.

Procedure:

- A. Indicate the amount of the travel advance desired on a Travel Advance Request Form. The minimum request is \$100.00.
- B. Checks are available three (3) business days prior to the departure date.
- C. All advances must be reconciled within fifteen calendar days after the completion of the trip. If the expenses are less than the amount of the advance, the difference should be sent to the Accounting Office (2015 JHZ) and the original receipt attached to the Travel and Expense Form when reconciling.
- D. If a second trip is anticipated and advance desired, the completed trip must be reconciled before the new advance will be released unless otherwise arranged with the Accounting Office.

I agree to repay this advance in full to Grand Valley State University prior to the due date. Should this advance, or any portion of it, remain unpaid beyond the due date, I hereby agree that the University may recover the amount outstanding by payroll deduction, or student account charge, from one or more of my compensation payments to be received subsequent to the due date. I further consent to each deduction necessary to repay the amount owed.

Recipient's signature: _____ Approver Signature _____

Printed Name of Approver _____