

FRANCIS MARION UNIVERSITY
REQUEST FOR OFFICIAL OUT-OF-STATE TRAVEL ADVANCE

DATE _____

Name _____ Social Security No. _____
Place to be visited _____ Department _____
Date departure _____ Date return _____
Reason for trip _____

COMPUTATION OF TRAVEL EXPENSE CASH ADVANCE

Funds requested
 For Transportation _____
 For Total Daily Subsistence _____
 For Other Expenses _____

Total Funds Requested _____

TOTAL ADVANCE APPROVED
(Maximum Allowable 80%
of Funds Requested) _____

Request for cash in the amount approved is acknowledged.
All advances must be repaid within 30 days after the end of the
trip or by the end of the fiscal year, whichever comes first.

Signature of Traveler

APPROVED:

Director of Accounting