



Date _____

Check # _____

Name _____ Social Security # _____

Address to send check _____

Cost Center Number and Name _____

1. Specific purpose of travel (see Travel Guideline G6Hx2-6.35 and/or nature of business)

2. Scheduled date(s) of this expense _____

3. Use the following guide and estimate expenses that are being requested to be funded with advanced funds (use whole #):

Number of Participants _____

Motel @ \$ _____ for _____ days = \$ _____

Meals \$ _____ for _____ days = _____

Mileage @ \$ _____ per mile for _____ miles _____

Registration or Entry Fee _____

Parking, Tolls, Taxi, etc. _____

Other (specify) _____

Requested Advanced Funds in this Amount: \$ _____

4. After travel and/or nature of business has ended, deposit any unexpended funds in a Cashier's Office and attach Cashier's receipt to the completed document(s) supporting the expenditure(s) made from this advance.

This is to certify that the funds requested above will be solely used for expenses authorized in Board Policy 6Hx2-6.35 and/or other appropriate policies with implementing Procedures and Guidelines and any funds due the College, after an expense audit, will be immediately remitted to the College Cashier. This also authorizes the Payroll Department to hold my salary check until such funds due the College have been properly deposited with the College.

Payee Signature _____ Date _____

Approved by _____ Title _____ Date _____

Approved by _____ Title _____ Date _____

Approved by _____ Vice President Student Affairs Date _____

ACCOUNTING USE ONLY

Date of Check _____ Check Number _____ Amount \$ _____

VENDOR ID OR A/R NUMBER	ENCUMBRANCE NUMBER	COST CENTER			G.L. CODE	TRANS CODE	LIQUIDATE ENCUMBRANCE	PAY AMOUNT
		ORGN	VID	CAMPUS				