

UNIVERSITY OF MIAMI TRAVEL ADVANCE REQUEST

ADVANCE NO. ➤ 011598

GENERAL		NAME OF TRAVELER	PHONE NO.	DATE
DEPARTMENT		BUILDING/ROOM NO.		LOCATOR CODE
ACCOUNT TITLE TO BE CHARGED		EMAIL ADDRESS OF TRAVELER	ACCOUNT NO.	SUB-OBJECT NO.
DESTINATION			DATES OF TRIP FROM	TO
PURPOSE OF TRIP (BE SPECIFIC, INCLUDE PERSONS AND/OR ORGANIZATIONS TO BE VISITED AND REASONS FOR VISIT OR MEETING.)				

ESTIMATED EXPENSES		TRAVEL AUTHORIZATION	
TRANSPORTATION*	(CASH) \$ _____	SIGNATURE: DEPT. HEAD OR P.I.	DATE
LODGING	(CASH) \$ _____	<input checked="" type="checkbox"/>	
PER DIEM MEALS	(CASH) \$ _____	SIGNATURE: DEAN OR DIVISION HEAD	DATE
OTHER	(CASH) \$ _____	<input checked="" type="checkbox"/>	
TOTAL CASH EXPENSE \$ _____		EXPENSE LIMITATION: \$ _____ (IF ANY)	
*EXPLAIN		IF EXPENSE LIMITATION IS TO BE IMPOSED, ENTER ABOVE. OTHERWISE, LEAVE BLANK.	
		EXPENDITURE CONTROL APPROVAL	
		<input checked="" type="checkbox"/>	
		TRAVEL ADVANCE	
		AMOUNT	DATE

ACKNOWLEDGEMENT & AUTHORIZATION

I declare that all travel advance monies are held by me in trust for University Business travel. All monies in excess of expenditures allowed by University Policy for the purposes of this trip shall be returned by me to the University along with a Business Expense Reimbursement Form (BERF), detailing all expenditures within **10 days** after the completion of the trip. In the event that such excess is not repaid within the prescribed time, or if I fail to provide the accounting and documentation in accordance with University Policy, I authorize the University's Payroll Office to withhold from any wages, salary or other monies then due me the full amount of all travel advance monies.

THIS FORM MUST BE SUBMITTED WITH AN APPROVED CHECK REQUISITION FORM.

Traveler's Signature

UM I.D. No.

Date

DISBURSEMENT COPY

INSTRUCTIONS

TRAVEL ADVANCE REQUEST

Travel Advance No.

This pre-printed number is your travel number and should be included in the space provided on the Business Expense Reimbursement Form (BERF) when the Traveler makes an accounting for the travel advance.

Traveler

Complete all entries in the General section, enter the total of all estimated cash expenses on the lines provided and enter the total in 'Total Trip Expense'. The estimate for per diem meals must not exceed the current daily rate specified in the Travel Policy (D015) times the number of days away. Read and sign the Acknowledgement/Statement section. **This form must be accompanied by a Check Requisition Form for the amount of the advance requested.**

Approvals Required

Department

Both the Travel Advance Request and the Check Requisition Forms must be approved by an authorized signer on the account which will be charged for the travel advance.

Sponsored Accounts

All requests for travel advances on a sponsored account must be approved by the appropriate Sponsored Program Expenditure Compliance Office.

Non-Sponsored Accounts

Travel advance requests on non-sponsored accounts must be sent to the Disbursements Office, Gables Campus.