



# SOUTH CAROLINA STATE UNIVERSITY

ORANGEBURG, SOUTH CAROLINA 29117

## APPLICATION FOR TRAVEL ADVANCE FUNDS

TODAY'S DATE: \_\_\_\_\_

ADVANCE FUNDS NEEDED: \_\_\_\_\_

TRAVELER'S NAME: \_\_\_\_\_ BANNER ID: \_\_\_\_\_

DESTINATION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

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

### PURPOSE OF TRIP:

### FACULTY & STAFF

MEALS \_\_\_\_\_ \$ \_\_\_\_\_

LODGING \_\_\_\_\_ \$ \_\_\_\_\_

### STUDENTS

MEALS \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(How Many) (Cost/Meal)

LODGING \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(How Many) (Cost/Meal)

EMERGENCY EXPENSE \_\_\_\_\_ = \$ \_\_\_\_\_

(Explanation required upon return)

**TOTAL ESTIMATED COST:** \_\_\_\_\_ = \$ \_\_\_\_\_

**NOTE: Advances will NOT be made for funds less than \$250.00 with the exception of students. Please see Travel Policy.**

**Amount Authorized:** \$ \_\_\_\_\_

**Authorized By:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_/\_\_\_/20\_\_\_  
Title/Position

\_\_\_\_\_  
Director of Accounts Payable or Designee's Signature

\_\_\_/\_\_\_/20\_\_\_