



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___