

## **APPLICATION FOR ADVANCE ON TRAVEL EXPENSE**

				Prepared By	<i>'</i> :
	SA NO			Phone #:	
Fraveler				EMP ID#	
Headquarters			Cost Center / Pr	oject#	
Fravel Period (Da	thru _	(Date)	Destination_		
Purpose of Travel:					
Benefit to UCF:					
Estimated Cost of Trave	el:				
(meal a	allowance per day	/) X	days =		
 (lodging					
+	=		X 80% =		TOTAL ADVANCE  REQUESTED
I hereby certify that the a expenses in the performa in a registration fee have reimbursement to respect refund to the University a University has the option hourly minimum wage) if due to any reason, I am Pursuant to Section 112. be on official business for	ance of my official been deducted from the finance busing any unexpended furth of deducting the my expense reportesponsible in return the University of	duties; attendant om this travel ad ess center within unds not used or entire amount of the result of the second training the full advites, I hereby cer	ice at a conferent vance request.  10 working days approved for trathe advance from the advance amount battify or affirm that	ce or any med will submit not after completed expenses may payroll overking day penck to the University of University of the University of the University of Unive	als or lodging included ny expense report for eting the travel and . I understand that the (over and above the eriod. If the trip is cancel versity.
Employee's Signat	rure		Title		Date
Supervisor's Signa	ture -		Title		Date
*Please provide an ex rate exceeds \$225.00	=	n-state or out-	of-state daily s	ingle occup	ancy lodging

Note: In order to ensure that payment is received prior to commencement of travel, please submit the completed form in the system **21 days in advance** of departure date.