

PHILADELPHIA UNIVERSITY

TRAVEL ADVANCE FORM

EMPLOYEE NAME

--

HOME ADDRESS

--

DEPARTMENT

--

TRAVEL DATE

--

DATE ADVANCE NEEDED

--

PURPOSE OF TRAVEL (TYPE
OF MEETING, CONVENTION, ETC)

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DESTINATION

--

ADVANCE CHECK INSTRUCTIONS:

NAME OF PAYEE IF DIFFERENT FROM EMPLOYEE NAME:

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HANDLING INSTRUCTIONS/ RETURN CHECK TO:

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EXTENSION:

ADVANCE AMOUNT

EXPENSE DESCRIPTION	ADVANCE AMOUNT
MEALS	
ACCOMMODATIONS	
TRANSPORTATION	
REGISTRATION/ SEMINAR FEES	
MISCELLANEOUS	
TOTAL	

EXPENSE DISTRIBUTION

ACCOUNT #	AMOUNT

By signing below, I acknowledge that I must submit an expense report within 30 days of my return. Until such time, I am responsible for repayment of these funds to the University.

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EMPLOYEE SIGNATURE

DATE

--	--

APPROVAL

DATE

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VP APPROVAL

DATE