

BARNARD COLLEGE

REQUEST FOR TRAVEL ADVANCE

Advance payment is requested for all or part of my travel expense to:

Meeting/Conference: _____

Date(s): _____

Location: _____

Reason (*indicate nature of participation e.g., attendance only, official activity, etc.*):

I estimate my expenses will be:

Transportation	\$
Lodging for _____ Night(s)	\$
Meals for _____ Day(s)	\$
Fee(s)	\$
Other	\$
Total Request:	\$

Account Number to be Charged: _____
(i.e. XX - XX - XXXX - XXXXXX - XXXXX)

Please check one only: _____ Hold at Window _____ Mail to Department _____ Direct Deposit

Department: _____

Staff Member: _____
(print)

Staff Member: _____ Date _____
(sign)

Approved by _____ Date _____
(Department Head)

Approved by _____ Date _____
(Vice President of Finance, when required)

Please note all requests for Travel Advance are to be returned directly to the Finance & Operations Office.

AP/TYPE	TRA	Travel Advance Account Number: 10-00-0000-000000-115731
AR/TYPE	TV	Voucher # _____
REF/REASON	ADT	Processed by _____