	(Refer to the BC Travel Policy and Instructions before completing)							Advance #
Employee's Full Name (Middle Initial):				Business Purpose of Expense: (circle one)				
Department: Extension:				Conference Team Travel University Sponsored Function Fundraising			Recruiting Research Training	
Employee	ID:							
Originator: Extension:								
Conference/Function Name								
			stification	for Amo	ount Requ	ested		
Justification for Amount Requested PART 1: TRANSPORTATION								
Date(s)			Fro	om and To (City/State/Coun	trv		Amount
Date(s)	Transportation Type Fro			m and 10 only outer outling				Amount
TOTAL Tra	TAL Transportation Expenses Subtotal 1							
PART 2: TRAVEL EXPENSES								\$0.00
Date(s)	Description of Expense							Amount
TOTAL Travel Expenses Subtotal 2								\$0.00
Certification: I certify that the advance requested above will be used for authorized purposes only. Signature of Employee								
		,	,	TOTAL	ADVANCI	E REQUES	ST	\$0.00
Authorized Approval								
PART 3: CHARTSTRING								
Distribution	Dept	Fund	Fund Source	Program	Function	Property]	
<u>%</u> %								
	ı / a grant or capi	l ital project please	include the foll	l lowing valu	es:	I		
Distribution	Project	PC Bus Unit	Activity	Res Type	Category	Sub-Cat		
<u>%</u> %								
	ors: Be sure ac	count information	n and descriptio	ns are filled	d in before sign	ing travel repo	rt.	