

Travel Advance Payment Request

Name:	Request Date:
Title:	Department:
Advance Date:	Expense Date:
Destination and Purpose of Travel:	
Point of Departure	Date: Time:
Point of Return	Date: Time:

Encumbrance/Advance		Encumbrance		Advance
	Transportation (Common Carrier):	\$	x 50.0% =	\$
	Transportation (All Other):	\$	x 50.0% =	\$
	Lodging No. of days _____	\$	x 50.0% =	\$
	Meal Allowances No. of days _____	\$	x 50.0% =	\$
	Total Encumbrance	\$	Total Advance (1)	\$

Employee/traveler Signature	Date	Operations Manager Signature	Date
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Actual Expenses	Transportation		Other Travel Expenses
	Common Carrier	\$	Departure Date: Time:
			Return Date: Time:
	Parking	\$	Lodging and Meals
	Car Rental (justification required)	\$	Number of Days
	Personal Car (gas)	\$	Lodging
	Tolls	\$	Breakfast
	Uber/taxi	\$	Lunch
	Miscellaneous (explain)	\$	Dinner
	Total (2)	\$	Total (3)

I hereby certify that the above trip was taken for the purpose indicated; that the above accounting is accurate; that no portion has been paid except as stated on this form and that the balance indicated is due or reimbursable in accordance with the Company's Expense/Reimbursement Policy.	Transportation Expenses	(2)	\$
	Meals and Lodging	(3)	\$
	Total expenses		\$
	Less Advance	(1)	\$ ()
	Balance Due Traveler		\$
	Balance Due Phospholutions (attach check)		\$

Traveler Signature	Date	Company Management Approval	Date
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