

REQUEST FOR TRAVEL ADVANCE

Purpose: This form is used to request a travel advance, which will be issued at the discretion of the Financial Officer. Please refer to the Request for Travel Advance instruction page on GURU or the Penn State Travel Policy for details.

COMPLETE AT THE TIME ADVANCE REQUESTED	
Employee:	Date:
Department:	Amount: \$
Location:	
Purpose, Destination & Inclusive Dates:	
Date advance will be closed:	
Department Name:	Account
Fund Name:	Cost Center
<p>I have requested an advance of \$ _____. I intend to use this advance for the purpose stated above and I understand and accept that appropriate sanctions will be administered if misuse is determined. I understand that I will be liable for the full amount of the advance until settlement. Any amounts owed to the University after 60 days will be deducted from my paycheck and by my signature below, I authorize the University to do so. I understand that any expenditures made with this advance are subject to further approval according to Penn State policies and procedures.</p>	
Signed Employee _____	Date _____
APPROVED BY:	Issued through: Operating Cash Fund <input type="checkbox"/> SRFC (direct deposit) <input type="checkbox"/> Cash <input type="checkbox"/> Check Form # _____ Check # _____
_____ Financial Officer Signature Date	
COMPLETE AT TIME OF SETTLEMENT OF ADVANCE	
This section must be completed if the advance is not settled in ERS or if there is any reimbursement due from the employee.	
A Amount of Advance (as indicated above) \$ _____	
B Amount of Expenditures \$ _____	
_____ If A is greater than or equal to B _____	_____ If A is less than B _____
<input type="checkbox"/> Amount of advance equaled the expenditures. I consider this advance to be settled.	Expenditures exceeded the amount of the advance. I have received this additional amount from the Financial Officer as settlement of the advance: \$ _____
<input type="checkbox"/> The amount of \$ _____ exceeded the expenditures. I have received this amount from the employee as settlement for the advance.	
ERS Report _____	ROCR #: _____
_____ Financial Officer Signature Date	_____ Employee Signature Date