



TRAVEL ADVANCE REQUEST FORM

Request Date:

Grant to be Charged:

Advance Amount:

\$

Payable To:

ADDRESS:

CHOOSE ONE:

Direct Deposit (Must provide address)

Mail Check

TRIP INFORMATION:

Advance Description/ Purpose of Trip:

Begin Date:

Return Date:

DEPARTING FROM:

DESTINATION:

AUTHORIZATION:

By signing below, I certify that the expenses claimed were incurred by me on official University business on the dates shown and I have attached original receipts for each expenses as required by University policy.

Signature:

(P.I. on Grant)

AGREEMENT:

By signing below I confirm that I am fully aware that an accounting for this advance and proof of attendance **MUST** be submitted on a Travel Reimbursement Worksheet within **10 DAYS** after the completion of my trip.

Signature:

(Traveler)

Please attach original receipts for expenses you'd like to be reimbursed in advance for.

Please refer to www.psych.ucsb.edu for updated Department Policy.