



Accounts Payable / Accounting Resource Center

TRAVEL ADVANCE REQUEST APPLICATION

Travel Advance Policy 2.1.31

*intended for group travel

REQUESTEE:	THE PERSON THAT WILL BE GETTING THE ADVANCE:	REASON (WHY YOUR DEPARTMENT NEEDS TO ISSUE ADVANCES)
NAME	<input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
M#	<input type="text"/>	
DEPARTMENT NAME	<input type="text"/>	
DEPARTMENT PHONE#	<input type="text"/>	
DEPARTMENT MAIL LOC #	<input type="text"/>	
PRINT & SIGNATURE OF REQUESTEE	<input type="text"/>	
CONTACT FOR QUESTIONS	<input type="text"/>	

APPROVAL: APPROVAL BY SENIOR MEMBER TO THE REQUESTEE

PRINT NAME:

SIGNED NAME:

POSITION / TITLE:

E-MAIL COMPLETED FORMS TO: APTandE@ucmail.uc.edu

For additional information visit these we sites:
<http://www.uc.edu/af/controller/acctpayable.html>
<http://www.uc.edu/af/travel.html>

RECONCILING: [http://www.uc.edu/content/dam/uc/af/travel/docs/Concur-%20Travel%20Advances\(1\).pdf](http://www.uc.edu/content/dam/uc/af/travel/docs/Concur-%20Travel%20Advances(1).pdf)
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