

Alief Independent School District Cash Advance for Travel Request Form

Payee Name: _____ Date: _____

Campus/Department: _____

Conference/Meeting Name: _____

Dates of Conference/Meeting: _____

Location of Conference Meeting: _____

Budget Code for Travel: _____

Estimate of Travel Expenses to be Advanced:

Hotel Expenses	\$ _____
Meal Costs	\$ _____
Mileage Expense	\$ _____
Registration Fees	\$ _____
Tolls	\$ _____
Parking	\$ _____
Other (Please list):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses to be Advanced: \$ _____

I understand that by accepting this cash advance for travel, I will adhere to District policy. I understand that I have ten days upon returning from the conference/meeting to file a Travel and Expense Voucher and make a full accounting to the District for this cash advance. **If I have not made this full accounting to the district within ten days, I authorize the District to withhold the amount of this cash advance from my next paycheck.** I also understand that I am responsible for filing original itemized receipts for hotel expenses, meal expenses, airline tickets, etc. with my Travel and Expense Voucher.

Submit check requisition status inquiry and all appropriate approved backup by the All Employee Reimbursements/Manual Trade Payroll Deadline on the Payroll Pay Dates and Cut-off Dates Schedule for the payroll immediately prior to departure date.

Traveler's Signature: _____

Supervisor's Signature: _____