

OLD DOMINION UNIVERSITY - REQUEST FOR TRAVEL ADVANCE		AP Invoice Number								
Part A – General Information										
Date	Department Name	Organization Budget Code								
Employee Name		UIN (8 digit University Identification Number) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Employee HOME Mailing Address		Employee Phone Number								
<input type="checkbox"/> I have attached an approved copy of the ODU Travel Estimate/Excessive Lodging/Out of Country Approval Form or TA (REQUIRED)										
Part B -- Travel/Expenditure Description - Advances will not be processed for less than \$25. Travel advances should be limited to the minimum amount necessary for out-of-pocket expenses. The Department of Accounts suggests that \$25.00 per day would be a reasonable allowance amount; however, exceptions will be reviewed individually. Amounts for hotel accommodations, airfare and registration fees will be advanced only if the vendor does not accept the corporate travel card and there is insufficient time to process a prepayment purchase order.										
Description (taxi, meals, parking, etc.)	Amount Requested	Supplemental Information/Justification								
Total Advance Request										
(Less Cost to be paid by employee/Foundation)	()									
Net advance to employee										
Part C – Department Certification/Approval										
TRAVELER'S RESPONSIBILITIES I certify that the charges to be made are reasonable, will be in accordance with State Travel Regulations, and will be limited to those required in an official capacity. I agree to remit to the university an approved travel reimbursement voucher within fourteen (14) working days after the travel is completed. I understand that Old Dominion University reserves the right to deduct the amount from any wages or benefits should the travel advance not be reconciled.										
Signature of Traveler : _____		Date: _____								
DEPARTMENTAL APPROVAL:										
The above estimate of expenses and request for advance is approved.										
Printed Name of Supervisor (if applicable): _____	Signature: _____	Date: _____								
The above Request for Travel Advance is approved. Departmental funds are available to cover the amount shown.										
Printed Name of Budget Unit Director: _____	Signature: _____	Date: _____								
Cashiers use only: Deposit charge amount to 015001-0274										