

-ISBER-
TRAVEL ADVANCE REQUEST

Name: _____ Campus phone: _____

Department: _____ E-Mail: _____

Destination: _____ Dates of trip: _____

Purpose of trip: _____

ANTICIPATED EXPENSES:

Airfare: \$ _____ Lodging: \$ _____ Taxi: \$ _____

Rental car: \$ _____ Parking: \$ _____ Gas: \$ _____

Ferry: \$ _____ Registration: \$ _____ Abstract: \$ _____

Shuttle/Airbus: \$ _____ Supplies: \$ _____ Other: \$ _____

Mileage (personal car only): _____ X \$0.505/mile = \$ _____
(No. of miles) (mileage rate subject to change)

Food Per Diem (# of days): _____ OR Amount: \$ _____
(\$64/day for domestic travel. For foreign per diem rates call Katie at x5697)

NEEDED BY *: _____
Date

TOTAL AMOUNT REQUESTED: \$ _____
(if unknown, leave blank and ISBER will calculate)

PROJECT(S) TO CHARGE: _____ **Signature:** _____

***Please allow at least 5 working days for processing.**
*****Be sure to save ALL of your receipts!**

**PLEASE NOTE: ADVANCES CANNOT BE ISSUED MORE
THAN 30 DAYS PRIOR TO THE BEGINNING OF YOUR TRIP.
(REIMBURSEMENTS ARE TREATED DIFFERENTLY, PLEASE ASK KATIE OR PATRICE)**

**APPROPRIATE RECEIPTS AND A TRAVEL WORKSHEET WILL NEED TO BE SUBMITTED AT
THE END OF YOUR TRIP TO CLEAR OUT THIS TRAVEL ADVANCE.**