|  |  |
| --- | --- |
| [Company Name] [Street address]  [City, ST ZIP Code] | [Contact information for Privacy Official] |
| Travel Advance Request FormAPPLICANT INFORMATION |  |
|  | Date |
|  |  |
| Name (Last, first, middle initial) | Social Security # or Employee ID |
|  |  |
| Street address, City, ST, ZIP Code |  |
|  |  |
| Primary phone number | Other phone number | Email address |

**Type of Request**

|  |  |  |
| --- | --- | --- |
| * Access/copy | * Official | * Restriction |
| * Confidential communication | * Accounting of disclosures | * Personal |

Please describe nature of expense requested (type of information requested; *official*, *formal*, alternative communication, or *personal*, etc.) **in detail**.

[Note: If this is an alternative communications request, please list alternative location/address for receiving expense information below.]

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|  |

Please list [Company Name] staff members that were contacted regarding this matter:

|  |  |  |
| --- | --- | --- |
| [Enter Amount] |  | [Insert Date] |
| Expected Individual Employee Expenses [80% Allowable Travel Advance] |  | Date |
| [Enter Amount] |  | [Insert Date] |
| Expected Group Travel Expenses [100% Allowable Travel Advance] |  | Date |
|  |  | [From] to [To] |
| Total Travel Advance |  | Travel Dates |
| **Purpose of Travel/Cash Advance** |  |  |
|  |  | Date received |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| I agree to deposit all unexpended cash advanced with Customer Account Services, and provide all appropriate documentation of expenditures (invoices or receipts) to the Accounting Office on or before: In addition, I agree to let NDSU payroll deduct any amounts still outstanding after the above date. Outstanding amounts include all cash not appropriately accounted for and/or used for an unallowable University expense. |  | Person Travelling: Printed Name |
| **Please print this form.**  Route this form to:  Accounting Old Main 11  Phone (000) 000-0000  Fax (000) 000-0000 |  | Signature of person travelling  Department-Head: Printed Name  Authorized Signature |

Attach additional documentation, if applicable.