



TRAVEL EXPENSE ADVANCE FORM

FORM TRAV A

NAME(S) OF TRAVELLER.....

DEPT / SCHOOL / ADDRESS.....

AMOUNT REQUESTED £.....

BANK DETAILS—for payment of advance into your account

ACCOUNT NAME.....ACCOUNT No

(eg Mr A N Other etc)

BANK NAME.....SORT CODE.....

BANK ADDRESS.....

EMAIL ADDRESS FOR REMITTANCE ADVICE

****NOTE - ADVANCES FOR TRAVEL BELOW £300 CANNOT BE CLAIMED****

1. REASON FOR REQUESTING ADVANCE:

2. DESTINATION.....

3. PLANNED DATES—DEPARTURE.....RETURN.....

4. DETAILED COSTING.....

Supplier a/c* Invoice No/ Chq Ref Finance Ref*

Invoice/Doc Date TOTAL VAT*

TYPE QUANTITY UNIT PRICE (TOTAL NET) VAT TYPE GROSS TOTAL*

Ledger Print Reference (if any)

EXPENDITURE CODE				NET AMOUNT		VAT		ORDER NO
Br	Dept	Scheme	Subj					

TOTAL NET

VAT TOTAL

Note: Items marked *
are for Finance
Department Use only

Confirmed quality, quantity and price are correct

Authorised for payment – Signature