

Finance Office

College Hall #108
 (202) 540-8519 – VideoPhone
 (202) 651-5299 – Voice
 (202) 448-6920 – FAX

Gallaudet University

Travel Advance / Reimbursement Form

Today's Date					Travel Order #						
Name							Employee <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/>				
Home or Campus Address	Street										
	City		State			Zip Code					
Reason for this Trip and Traveler's Role							Is this an International trip? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Duration of Trip	From	Date	Time	To	Date	Time	Destination				
Will any portion be paid by a Non-Gallaudet Organization? If so whom and amount. <i>(Check or cash receipt only at time of reimbursement.)</i>											

Detail of Expenses						Gallaudet P-Card Expenses	Estimated Expenses	Actual Expenses
Item	Description							
Lodging								
Meals <i>(Include conference agenda)</i>								
Transportation <i>(Include itinerary with pre-approval form)</i>								
Registration Fee								
Other Expenses								
Total	<i>Receipts must be attached to support actual expenses. Per diem rates may be used for meal expenses.</i>							
Note: Please submit this form to the Finance Office two weeks prior to the travel date if an advance is needed. Complete the estimated column to determine the travel advance.						Advance Requested		
Department Account			Expense Account			Advance Received		

Pre-Travel Approval Required			
<i>(Travel expenses will not be reimbursed unless travel had been approved prior to the start of the travel and a copy of this document given to the Finance Office.)</i>			
Traveler's Signature			Date
Approved: Budget Unit Head Signature			Date
Approved: Senior Administrator's Signature			Date

Approval of Reimbursement Expenses Upon Return			
			Original
			Amended
Traveler's Signature			Date
Budget Unit Head Signature			Date
Senior Administrator's Signature <i>(if required)</i>			Date

Finance Office Use Only		
Approved by		
	Voucher Number	