



TRAVEL ADVANCE REQUEST

Total Amount Requesting \$ _____ .00

Today's Date _____

Travelers Name: (Last, First) _____

University I.D. (Required) _____

ORDER NUMBER **T**

Travelers **Home** Address (Required)

Address 1

Address 2

City, State and Zip Code

Department Name _____

Advance Needed By: _____

Departure Date: _____

Return Date: _____

Justification for not using a T&E card

- Travel More Than 30 Days Travel Within 5 Business Days Student Group

Reconciliation for this Travel Advance must be received in Accounting Services within 21 days of the return date specified on this form or actual return date if changes occurred. Outstanding Travel Advance exceeding 60 or more will be charged to the specified FAU listed on this Travel Advance. Any un-reconciled Travel Advances exceeding 120 days will be **taxable** to the individual listed on this Travel Advance.

By signing below I acknowledge the tax implications as stated above.

Travelers Signature: X _____

Destination and purpose of trip:

Breakdown total dollar amount:
You may attach a separate spreadsheet

Comments:

Original signed Travel Advance form must be delivered to
UCLA TRAVEL ACCOUNTING
10920 Wilshire Boulevard Suite 500
Los Angeles, CA 90024

Prepared By: _____

Phone Number _____

Authorized Department Signature _____

Travel Accounting Signature _____

SIGNATURE

PRINT NAME

Source
