



VOUCHER # \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK # \_\_\_\_\_

### Eastern Wyoming College Travel Advance Form

Name \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Absence \_\_\_\_\_ Destination \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Leaving Date/Time \_\_\_\_\_ am \_\_\_\_\_ pm      Returning Date/Time \_\_\_\_\_ am \_\_\_\_\_ pm

List names of **ALL** people traveling in this request (**circle drivers**)

**All drivers must be pre approved by the college insurance carrier.**

#### TRAVEL ADVANCE WORKSHEET

Estimated Cost

Air Fare \$ \_\_\_\_\_

Auto Mileage \_\_\_\_\_

Car (private) .28 per mile

Meals \_\_\_\_\_

Motel \_\_\_\_\_

Registration \_\_\_\_\_

Other \_\_\_\_\_

**Total Cost** \$ \_\_\_\_\_

**If requesting advance money, please enter:**

Total Amount\* \$ \_\_\_\_\_

Date Needed \_\_\_\_\_

**Budget Number** \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ -

**Budget Number** \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ -

\*Indicate only the amount of cash needed.

**If requesting advance money, please return this form completed and sign to the Business Office 5 days prior to date advance money is needed.**

\_\_\_\_\_  
Supervisor/Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date