



For Travel Office use only

Direct Deposit

To Cashier

EASTERN OREGON UNIVERSITY TRAVEL AUTHORIZATION and ADVANCE FORM

PLEASE NOTE:

* This form must be completed and approved at least one week prior to the beginning of the trip.

SECTION 1: MANDATORY FOR ALL IN AND OUT OF STATE TRAVEL AND TRAVEL ADVANCES

NAME: _____ PURPOSE: _____

DEPARTMENT: _____

TRAVEL DATE(S): _____ Normal course of business Training Recruitment

TRAINING JUSTIFICATION REQUIRED BY DEAN, IF MORE THAN ONE PERSON ATTENDS SAME TRAINING SESSION

DESTINATION: _____ (CITY) (STATE) (COUNTRY if foreign travel) (FOREIGN TRAVEL REQUIRES APPROVAL BY THE PRESIDENT PRIOR TO DEPARTURE)

TRANSPORTATION TYPE: AIR GROUND AMOUNT APPROVED: _____ INDEX CODE: _____

(EMPLOYEE SIGNATURE) (DATE)

BANNER GENERATED NUMBER (REQUIRED): _910_____

Approval: I certify that this trip is necessary and that required funds are allotted for this expenditure.

(DEPT. HEAD APPROVAL) (DATE) (CABINET APPROVAL-WHEN REQUIRED) (DATE)

(DEAN / DIRECTOR APPROVAL) (DATE)

SECTION 2: TRIP COST WORKSHEET

Table with 2 columns: Item, Amount. Rows include Mileage, Per Diem (Meals, Lodging, Other), and Total.

SECTION 3: REQUEST FOR TRAVEL ADVANCE

AMOUNT: _____ DATE FOR PICKUP AT CASHIER'S WINDOW: _____ -OR-

DATE FUNDS NEED TO BE AVAILABLE THROUGH DIRECT DEPOSIT: _____

(Checks are printed on Wednesdays, Direct Deposit is done four times per week)

INDEX: _____ ACCOUNT CODE: _____

SIGNATURE IS AN AUTHORIZATION FOR PAYROLL DEDUCTION FROM EMPLOYEE'S PAYROLL CHECK IF ADVANCE IS NOT SETTLED WITHIN 30 DAYS FROM THE CONCLUSION OF THE TRIP.

EMPLOYEE SIGNATURE: _____

DATE: _____

Business Office Audit Approval: _____

ROUTE APPROVED COMPLETED FORM TO: