

**EASTERN OREGON UNIVERSITY FOUNDATION
TRAVEL ADVANCE FORM**

(Last updated: 8/17/2006)

PLEASE SEND COMPLETED ORIGINAL TO UNIVERSITY ADVANCEMENT (Ackerman 209)

NAME: _____ TRAVEL DATE(S): _____

PURPOSE: _____
_____ Normal Course of Business
_____ Training
_____ Faculty Project Grant

TRANSPORTATION: _____ AMOUNT APPROVED: \$ _____
_____ AIR
_____ GROUND

DESTINATION: _____

EXPENDITURE APPROVED BY (SIGNATURE) _____ DATE _____

An individual authorized on the appropriate fund agreement must approve expenditures.

REQUEST FOR TRAVEL ADVANCE

AMOUNT \$ _____ PICK UP DATE AT UNIVERSITY ADVANCEMENT _____
Requests must be made at least 7 days before pick up date.

FUND ID _____ EXPENSE CODE 7300

CLAIMANT SIGNATURE _____ DATE _____

SOCIAL SECURITY NUMBER (REQUIRED) _____

ANTICIPATED TRIP COSTS (EOU travel rates and regulations apply)

Mileage _____ miles x \$0.445/mile: \$ _____

Per Diem: _____

	Meals	\$	_____
	Lodging	\$	_____
	Other	\$	_____
Total:		\$	_____

To be completed by University Advancement staff:

Payment Approved by:			
Name:			
Signature:			
Date:		Check #:	