DOC ID#	

Date:

CITY OF DULUTH TRAVEL ADVANCE FORM

		INFOR	MATION	SECTION					
Employee Name				Department/Division					
Destination:									
Purpose of the trip	and benefit to the city:								
	Estimated Departu	ire	T		F	stimated R	eturn		
Date	Estimated Departs	Time		Date		Juliated IV	Time		
		-			1			I	
		ESTIM <i>A</i>	ATED COS	T SECTIO	N				
							Pre-Paid or City	1	
Estimated Cost	; of Trip:				Cost		P-Card	Empl Paid	
Dogistration on	d avent food								
Registration an	te meals included in th	ne registration fee				-			
NOC	e meais meidded m ti	ile registration ree							
Transportation	Transportation to and from destination (airfare, baggage fee,								
mileage, taxi fa		. , , , ,	•			_			
Lodging expens	es					_			
	dentals (at per diem r		cial						
	ess disallowed meals) schedule as set by the		nt at:			_			
	os://www.gsa.gov/travel/p								
пер	is.//www.gsa.gov/travel/p	ian book/per diem rates							
Miscellaneous ((including destination	transportation, par	king, etc)			_			
		Total esti	mated cost:			_			
Fund	Dept	Div		Cost Ctr		Object		\$	
Fund	Dept	Div		Cost Ctr		Object		\$	
Fund	Dept	Div		Cost Ctr		Object		\$	
Fund	Dept	Div		Cost Ctr		Object		\$	
		TRAVE	L ADVAN	CE SECTION	ON				
An advance for	out-of-pocket expenses ma	ay be requested five busi	ness days prior	to travel date	. The minimum	advance give	n will be \$100.00.	Any unused	
		ortion must be returned			turning from a t				
Advance Reque	ested: \$	Date/Ti	me Needed			_ Check #			
			NT REQUI						
	ments to be made by t								
	documentation and p		information	n: Date che	ck is needed	, amount, n	iame payable to	o, complete	
mailing address	s, and description of c	cost.							
•									
Traveler Signat	ture:						Date:		

Dept Travel Approver Name: Approver Signature:

Travel Advance Form Instructions

This form must be sent to the Finance Department prior to travel if:

- 1. Direct payments or reimbursements are needed prior to the trip
- 2. A travel advance is requested

It is the traveler's responsibility to complete this form in a timely manner, especially if pre-payments are needed. If the form is not received by the Finance Department in enough time to issue a direct payment through the normal vendor payment process, the traveler will be responsible for any payments and may then request reimbursement from the city- either prior to the trip or upon returning.

The **DOCUMENT ID#** is the travel number assigned by the department or Finance Department; it consists of the three or four-digit department/division number, the letter "T", the two-digit year, and a three-digit sequence number.

The **INFORMATION SECTION** should include all required data.

The **ESTIMATED COST SECTION** should include all estimated costs of the trip, as well as the accounting distribution of the budgeted funding source.

The **TRAVEL ADVANCE SECTION** is to be used if the traveler wants an advance for out-of-pocket expenses. The minimum advance is \$100.00, and will be given within five business days of departure date. Any unused portion of the advance must be returned with 30 calendar days of returning from a trip. Advances will not be given for pre-payments of registration fees, airfare, room deposit, etc.

The **PAYMENT REQUEST SECTION** is to be used if the traveler wants the city to make any direct vendor payments or employee reimbursements prior to the trip for airfare, registration fees, or room deposits. The traveler should attach any necessary documentation and/or enclosures, and provide the following information:

- 1. Date the check is needed (keeping in mind the city's payment cycle, and allowing mailing time, if needed)
- 2. Name and address of payee (vendor for pre-payments, employee for reimbursements)
- 3. Amount and description of cost (identify and attach enclosures)

Please make a copy of this form for your files. The original must be on file in the Finance Department