FOR FISCAL USE ONLY

DATE_____ DOC NO: ADV

DEPARTMENT OF AGRICULTURE
OUT OF STATE TRAVEL APPROVAL
AND
TRAVEL ADVANCE REQUEST

REQUIRED PCA_____

REQUIRED SSN_____

Traveler:_____ Date of Request: _____

Date of Travel - Leave:_____ Return:_____

Destination:_____

Purpose of Travel:_____

_____

Justification for Travel: _____

_____

_____

Conference Dates:_____ Location:_____

Mode of Travel:_____ Hotel:_____

Will this trip be reimbursed by another organization? Yes _____ No _____

Lodging $_____

Meals $_____

Travel_____ $_____

Registration $_____

Miscellaneous $_____

_____ $_____

_____ $_____

TOTAL $_____

ADVANCE (up to 95% of estimate)

Amount of Request $_____

FISCAL USE ONLY	
PREPAID	
Airfare	$
Lodging	$
Registration	$
Date	
Advance	$

APPROVAL

Supervisor:_____ Date:_____

OUT OF STATE TRAVEL

Director:_____ Date:_____