

Travel Request # _____

TRAVEL AND ADVANCE REQUEST

- TAMU
- TEES
- BOTH

EMPLOYEE NAME: _____ **PAYEE I.D. # / UIN** _____
(Print or Type)

PERIOD OF TRAVEL: _____ through _____
(Date) (Time) (Date) (Time)
From: _____ To: _____
(City) (State) (City) (State)

PURPOSE OF TRAVEL:

BENEFIT TO TEES: _____

BENEFIT TO TAMU: _____

MODE OF TRANSPORTATION: Privately Owned Automobile Private Airplane Official Automobile
 Commercial Transportation (includes rent-car when necessary) University Airplane

state business, mileage reimbursement for only one of the employees can be allowed. When two, three, or four employees with the same itinerary on the same dates are required to travel on the same official I will (be accompanied by) (accompany) _____

EXPENSES TO BE CHARGED TO ACCOUNT: _____
Account #: _____ Project #: _____ Division Code: _____ Estimated Expense: \$ _____
Account #: _____ Project #: _____ Division Code: _____ Estimated Expense: \$ _____
TOTAL ENCUMBRANCE: \$ _____

OTHER SOURCES OF FUNDING:
Source Name: _____ Account # _____ Estimated Expense: \$ _____

ADVANCE REQUESTED: No Yes If "Yes", Total Amount Requested \$ _____
Registration** \$ _____ Airfare** \$ _____ Per Diem \$ _____
*Advances may be picked up at the TEES Fiscal Office three (3) working days prior to the commencement of travel.
**Please attach receipt/evidence of payment for "Registration" and/or "Airfare".
**No advances given for registration on TAMU accounts.
***TAMU advance form needed. (additional)
Advance Received By _____ Date _____
Amount _____ Check Number _____

I request permission to be absent with pay from my designated headquarters on agency/university business for the time period shown in the "Period of Travel" section above. Satisfactory provisions have been made for handling my official duties during my absence. In the event this advance is not cleared within forty-five (45) days of the travel date, I hereby authorize the TEES Fiscal Office to deduct from my paycheck(s) the amount necessary to clear this advance for TEES travel only.

(Employee's Signature) (Date) (Employee's Title)

APPROVAL RECOMMENDED: _____ **APPROVED:** _____

(Head of Division or Unit) (Date) (Agency Director) (Date)

Contact Person _____ Phone Number _____