

**TRAVEL/CASH ADVANCE REQUEST AND RECONCILIATION FORM**

**\*\*\* All Outstanding Advances must be cleared before a new advance is issued \*\*\***

**Vendor Legal Name:**

**Date Leaving on Trip:**

**Special Handling (Pickup):**

**Date Returning from Trip:**

**Address: (required for all Vendors)**

**Destination of Trip and/or Purpose of Advance**

<b>PS Account (6)</b>	<b>Fund (3)</b>	<b>Dept. ID (7)</b>	<b>Proj/Grnt (6)</b>	<b>Amount (insert a decimal)</b>
135200				

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**\*\*\*\*Use area below for Cash Advance Reconciliation\*\*\*\***  
**If clearing a travel advance, use the Travel Reimbursement Form**

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**PS Account (6) Fund (3) Dept ID (7) Project/Grant (6) Amount (insert a decimal)**

**Vendor Classification: (Please check below)**

Wms. Employee    Wms. Student    Other:

**Prepared by:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_

Total Expenses:

Less Funds Advanced:

Amount Due You:

Amount Due College: