

OLD DOMINION UNIVERSITY – REQUEST FOR STUDENT TRAVEL ADVANCE	AP Invoice Number
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Part A – General Information – Travel advances are discouraged for students but may be authorized for amounts not to exceed \$100 for all advances.

Date	Department Name	Organization Budget Code
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Student Name	UIN (8 digit University Identification Number) <table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

Student HOME Mailing Address	Student Phone Number
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I have attached an approved copy of the ODU Travel Estimate/Excessive Lodging/Out of Country Approval Form (REQUIRED).

Part B -- Travel/Expenditure Description - Advances will not be processed for less than \$25. Travel advances should be limited to the minimum amount necessary for out-of-pocket expenses. The Department of Accounts suggests that \$25.00 per day would be a reasonable allowance amount; however, exceptions will be reviewed individually. Amounts for hotel accommodations, airfare and registration fees will be advanced only if there is insufficient time to process a prepayment purchase order.

Description (taxi, meals, parking, etc.)	Amount Requested	Supplemental Information/Justification
Total Advance Request		
(Less Cost to be paid by student/Foundation)	()	
Net advance to employee		

Part C – Department Certification/Approval

STUDENT TRAVELER'S RESPONSIBILITIES
 I certify that I am utilizing University funds for approved student travel. I further certify that the charges to be made are reasonable, will be in accordance with State Travel Regulations, and will be limited to those required. I agree to remit to the university an approved travel reimbursement voucher within fourteen (14) working days after the travel is completed. I further agree to repay any funds not expended, within fifteen days after the travel is completed. I understand that the University will not allow me to register or to release my grades if I do not comply. I understand that even if the request is for group travel, I am personally responsible for the total amount of the advance and for reporting all costs on a travel voucher with receipts.

Signature of Traveler : _____ Date: _____

DEPARTMENTAL APPROVAL:

 The above Request for Travel Advance is approved. Departmental funds are available to cover the amount shown.

Printed Name of Budget Unit Director: _____ Signature: _____ Date: _____

Cashiers use only:
 Deposit charge amount to **015001-0279**