

## Texas AgriLife Research Travel Advance Request

Dept/Unit/District: \_\_\_\_\_ Date: \_\_\_\_\_ Request Number: \_\_\_\_\_

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From: \_\_\_\_\_ To \_\_\_\_\_  
Travel Dates (including travel time)

Destination: From: \_\_\_\_\_ To \_\_\_\_\_  
City State City State

Counties Visited (if applicable)\*: \_\_\_\_\_  
\* County required for out of state travel

Purpose of Travel: \_\_\_\_\_

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**MODE OF TRANSPORTATION:**

_____ Private Auto	_____ Accompanying Another Party*
_____ Official Auto	_____ Accompanied by* _____
_____ University Plane	_____ Commercial Transportation (Includes Rental Car)

\*Explanation required for two or more employees attending the same or similar duties: \_\_\_\_\_

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**EXPENSE TO BE CHARGED TO:**

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Estimated Expenses: \$ \_\_\_\_\_ Project No/Support Account: \_\_\_\_\_

Advance Requested: \$ \_\_\_\_\_ Date Requested: \_\_\_\_\_

\*Required if check is needed prior to dates listed below

Justification for Advance Request: \_\_\_\_\_

Check Delivery: Personnel on-campus checks will be ready 2 days prior to traveling and must be picked up. Personnel  
 Off-campus checks will be mailed 5 days prior to traveling unless other method of delivery is requested.

Name: \_\_\_\_\_ UIN: \_\_\_\_\_  
Print or Type Required

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

APPROVED: \_\_\_\_\_ APPROVED: \_\_\_\_\_  
Department Head Director

Dept Account: \_\_\_\_\_ - \_\_\_\_\_ (Required before advance will be approved. This account will be charged  
SL Account Support Acct/Project if the advance is not reimbursed according to the established policy)

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CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**CHECK RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_