The University of Maine System

TRAVEL REQUEST/ CASH ADVANCE FORM

Including PeopleSoft Financial ChartFields

For: Employee ◯ Student ◯

Name of Employee: _____ **EmplID:** _____ **Check Address:** _____

Primary Destination (check one): ◯ **InState** ◯ **Out of State** ◯ **International** **Date From:** _____ **To:** _____

Destination City or Country: _____

Business Purpose (check one): ◯ **Athletic Travel** ◯ **Fund Raising** ◯ **General Travel** ◯ **Moving Expenses**
◯ **Registration Fee** ◯ **Research** ◯ **Student Organization/Club** ◯ **Teaching** ◯ **Training/Education**
◯ **Recruit Employee** ◯ **Recruit Student** ◯ **Recruit Athlete**

Additional Information, e.g. name of conference, research topic, sport, position, position recruited: _____

I am requesting reimbursement using:

Estimated Cost:		Actual	Per Diem	Daily Rate	Approved	Denied
Meals:	$ 0.00	◯	◯	$ 0.00	☐	☐
Lodging:	$ 0.00					
Transportation:	$ 0.00					
Other:	$ 0.00					
Total:	$ 0.00					
Request Advance of	$ 0.00					

Exceptions - Meals at Actual
Because I will be traveling to a high-cost location, I am requesting that meal expenses be allowed up to a daily maximum of $ 0.00
Approved ☐ Denied ☐

If traveling by vehicle with other official travelers, list names: _____

I am requesting approval to travel on University business. I have estimated my expenses and have indicated whether I wish to be reimbursed at actual or per diem. If I am requesting an advance, I understand that by signing below I am certifying that I will return any unspent travel advance funds, along with a completed Travel Expense Voucher, to the University within 5 business days of returning from a trip. The University may deduct, from my paycheck, any amounts not substantiated or deemed substantiated within sixty (60) calendar days after the end of the trip. I also certify that I have read and understand the current version APL No. 26.

Employee Signature: _____ Date: _____

System Check ☐ Petty Cash ☐

Dept	Account	Fund	Program	Project	Oper Unit	$Amount

Received By: _____

Date: _____ Amount: $ _____

Supervisor/Approver: _____ Date: _____

Dean or Director: _____ Date: _____

Business Officer: _____ Date: _____

For Administrator Use Only

Approved By: _____

Travel Auth ID: _____

Cash Advance ID: _____