

THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE

P.O. BOX 320160. SAN FRANCISCO, CA 94132-0160

REQUEST FOR TRAVEL ADVANCE

DC#

Date:

ENC#:	MAKE CHECK PAYABLE TO:
FUND #	TRAVELER'S NAME: (Last, First, MI)
PROJECT CONTACT:	ADDRESS:
PROJECT PHONE #:	CITY: STATE: ZIP CODE:
CHECK DISTRIBUTION: Mail to payee's address Hold/Call for pickup ph #	----- - 9 1 0 0 - ----- 1 0 7 9 0 0 - ----- - 9 1 0 0 - D R 1 0 7 9 0 2 - ----- - 9 1 0 0 - C R

Purpose of Travel (show relationship to purpose of project):

Destination:

Date of Travel:

Where I May be reached:

Method of travel: Airline Private Vehicle Other

*Certification of minimum liability requirements/condition of automobile: I certify that I have liability insurance in force in at least the following amounts: \$15,000 for personal injury to, or death one person; \$30,000 for personal injury to two or more persons in one accident; \$5,000 for property damage. I further certify that my automobile is adequate for the work to be performed, equipped with seat belts and safe mechanical condition.

*** Applicant's Signature:** _____

CASH ADVANCE REQUEST

Amount of cash advance requested \$ _____

Date advance required: _____ (allow at least ten (10) days for processing)

I agree to submit a properly approved expense claim form within 30 after completion of trip.

Applicant's Signature: _____

Approvals:

For all travel: *approval of Authorized Signature:* _____ Date: _____

For travel outside of S.F. Bay Area: *approval of Dean or Dept. Chair:* _____ Date: _____

ACCOUNTING USE ONLY		
Vendor: _____	Acct: _____	Inv Nbr: _____
Inv Date: _____	Inv Amt: _____	Rept Amt: _____
Dup Inv: _____	Spec Msg: _____	_____

Date Received By UCorp	Approved For Allowability	Date Received by A/P Dept	E/Processing
	By: _____		By: _____
	Date: _____		Date: _____
			Voucher # _____