

**Independent School District 625
TRAVEL ADVANCE REQUEST**

Name _____

Employee Number _____

Dates of Travel _____

Event Location _____

Approximate Out of Pocket Expenses \$ _____

Advance Amount Requested \$ _____

Advance amounts are in increments of \$50. The Advance amount cannot exceed \$300 or the approximate out of pocket expense, whichever is less.

TERMS AND CONDITIONS

1. No advance will be granted if there is a previous advance outstanding.
2. A Travel Expense Record showing the total expenses of the trip must be submitted within 15 days of the return date. The advance amount will be deducted from the total expenses paid by the traveler, and the traveler will be reimbursed the difference. If the traveler's expenses were less than the advance amount, attach a personal check to the Travel Expense Record payable to "ISD 625 Travel Advance Account" for the amount due the district.
3. If the advance amount due to the district or the Travel Expense Record is not submitted within 30 days, the Executive Director of Business and Financial Affairs is authorized to deduct that amount by a pay adjustment on the employee's payroll check. If this becomes necessary, the employee will not be eligible to receive future travel advances.
4. It is the employee's responsibility to contact the Travel Clerk in the Business Office one week prior to the departure date to request issuance of the advance check and arrange for pickup of the check.

I have read the terms and conditions described above, and understand my responsibilities.

Signature of Traveler

Date

FOR BUSINESS OFFICE USE ONLY

Check Number _____ Date Issued _____ Amount \$ _____

FMS Amount \$ _____ Amount Paid by Traveler \$ _____