

TRIP ID: \_\_\_\_\_

ADVANCE #: \_\_\_\_\_

### REQUEST FOR TRAVEL ADVANCE

NAME OF TRAVELER \_\_\_\_\_

DEPARTMENT & E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

1. PROJECT TO CHARGE \_\_\_\_\_

2. DESTINATION \_\_\_\_\_

3. DURATION (Dates of Trip) \_\_\_\_\_

4. PURPOSE OF TRIP/JUSTIFICATION \_\_\_\_\_

5. ESTIMATED COST:

Transportation \_\_\_\_\_

Meals & Lodging \_\_\_\_\_

Per Diem \* See below \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ \$ \_\_\_\_\_

I am requesting a travel advance to be processed and disbursed to me.

I am requesting a travel advance to be processed and disbursed to another vendor.

I have signed up for TRAVEL ACCIDENT INSURANCE. Mandatory if traveling outside of California  
<https://www.ucop.edu/risk-services-travel/registering.html>

Note: \* Per diem is authorized for all foreign travel; travel within Alaska, Hawaii and all U.S. possessions, and continental U.S. travel lasting more than 30 days.

Requests for advance must be submitted at least 15 business days BEFORE travel commences. For travel scheduled more than 30 days in advance, receipts for travel-related expenses must be provided.

REQUESTED BY \_\_\_\_\_  
TRAVELER'S SIGNATURE (Date)

APPROVED BY \_\_\_\_\_  
PRINCIPAL INVESTIGATOR'S SIGNATURE (Date)