

# Champaign County – Request for Advance Travel Expense

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_

<b>Name of Conference or Purpose of Meeting</b>				
<b>Location of Conference or Meeting (City / State)</b>				
<b>Conference or Meeting Dates</b>			<b>Travel Dates (If Different)</b>	
From (MM/DD/YY)	To (MM/DD/YY)		From (MM/DD/YY)	To (MM/DD/YY)

**Amounts Requested:**

**Per Policy, the amount will be limited to 100% of the reasonable estimated costs for the travel for transportation, meals, and accommodations.**

**Transportation Fare Estimate**

**Mileage** \_\_\_\_\_ miles x \$ \_\_\_\_\_ Per mile \$ \_\_\_\_\_  
 Mileage reimbursement for personal vehicles only

**Airfare** \$ \_\_\_\_\_

**Meals and Incidentals** (not to exceed maximums per meal x # of days)

<b>Breakfast</b>	_____	x	\$ _____	per diem	\$ _____
<b>Lunch</b>	_____	x	\$ _____	per diem	\$ _____
<b>Dinner</b>	_____	x	\$ _____	per diem	\$ _____
<b>Incidental</b>	_____	x	\$ _____	per diem	\$ _____

**Lodging** \$ \_\_\_\_\_  
 (does hotel provide breakfast?) Yes No

**Other – Specify:**

	\$ _____
	\$ _____
	\$ _____
<b>Total</b>	\$ _____

By signing below, I (1) Acknowledge that the requested amount is an advance payment for expenses related to attendance at the above stated function. (2) Agree to submit within 15 days from my return, a final report by completing the Champaign County Travel-Expense Form, along with all required receipts and conference schedule for authorized expenditures. In addition, I will refund any advanced funds not used. Failure to return these unexpended funds will result in the total amount of the advance being deducted from my payroll wages.

Employee Signature / Date: \_\_\_\_\_

Supervisor Approval / Date: \_\_\_\_\_