

Employee Travel Advance Request Form

University of San Diego Office of Accounts Payable

1. Employee/Payee Information

Employee Name:	Travel Advance Amount: \$
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Date:	Phone/Ext:	Employee ID #
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Please note that the payment will be paid via Direct Deposit (ACH) for all requests.

2. Business Purpose (Justification)

Location of Travel:	Dates of Travel:
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Reason for travel advance:

Reason for advance, if not travel:

3. Funding (POETS)

#	Project	Organization	Expenditure Type	Task	Source	Amount
1						
2						
3						

4. Travel Advance Information

The settlement of travel advances with AP is required within ten (10) business days returning from travel. Employees may settle travel advances by completing a Travel Advance Expense Report and attaching itemized receipts with the necessary notations as to business purpose and persons involved. Failure to settle a travel advance within the specified timeframe will result in the recognition of the advance as taxable income to the employee and the revocation of the privilege for receiving future advances. Additionally, failure to settle a travel advance may result in an internal audit of an employee's expense practices.

5. Approvals - I certify that the expense(s) itemized herein have been reviewed and are accurate, allowable and an appropriate expenditure(s). It is within my budgetary authority to approve the expense(s).

Requestor/Employee

Print Name: _____ Signature: _____ Date: _____

Budget Administrator

Print Name: _____ Signature: _____ Date: _____

Supervisor

Print Name: _____ Signature: _____ Date: _____

Vice President

Print Name: _____ Signature: _____ Date: _____

Grants & Contracts Accounting (if applicable)

Print Name: _____ Signature: _____ Date: _____

For Office Of Accounts Payable Use Only

<p>AP Reviewed & Approved: _____ Date Approved: _____</p> <p>Emailed (questions/concerns):: _____</p> <p>Paid Via Direct Deposit (ACH):: _____</p> <p>ACH Confirmation #: _____</p>	<p>Date Stamp - Received</p>
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Employee Travel Advance Reconciliation Expense Report

University of San Diego Office of Accounts Payable

1. Employee/Payee Information

Employee Name:	Ext:	USD Email:
Prepared by (if not prepared by Payee):	Ext:	USD Email:
<i>Please include a copy of the original Travel Advance Request Form.</i>		Today's Date:

2. Business Purpose (Justification)

Location of Travel:	Dates of Travel:
Reason for travel advance:	
Reason for advance, if not travel:	

3. Approvals - I certify that the expense(s) itemized herein have been reviewed and are accurate, allowable and an appropriate expenditure(s). It is within my budgetary authority to approve the expense(s).

Employee
Print Name: _____ Signature: _____ Date: _____
Budget Administrator
Print Name: _____ Signature: _____ Date: _____
Supervisor
Print Name: _____ Signature: _____ Date: _____
Grants & Contracts Accounting (if applicable)
Print Name: _____ Signature: _____ Date: _____

4. Office of Accounts Payable Use Only

AP Reviewed & Approved: Initials: Date Approved:	Date Stamp - Received
Emailed (questions/concerns):	
Paid Via Direct Deposit (ACH):	
ACH Confirmation #:	
Exception to Policy Procedure:	
Additional Information:	

Expense Report Instructions

- 1) To receive reimbursement for expenses, the employee must prove the expenses were incurred, and that they were incurred in connection with a business purpose
- 2) Fill out the Funding POETS
- 3) Complete the Funding Expense Details, either grouped or itemized expenses
- 4) Grand Total will calculate automatically.

*Please attach original documentary evidence such as: itemized receipts; personal credit card charge slips or statements; or a copy of the front and back of canceled check. All documentation should be attached in sequential order (per #).

5. Funding – POETS (If more than one POETS, indicate (1) or (2) in “Description of Expense Field Below”)

(1) Project:	(2) Project:
(1) Organization:	(2) Organization:
(1) Task:	(2) Task:
(1) Source:	(2) Source:

6. Funding - Expense Details

#	Date	Merchant	Description of Expense & (1)/(2)	Expenditure Type	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

7. Totals and Payments

Total Owed to Payee:	Total Owed to USD:	Expense Report Total:
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