Saint Martin's UNIVERSITY

CASH AND/OR TRAVEL ADVANCE REQUEST

TODAY'S DATE: _____ DATE CHECK NEEDED: _____

USE A WED DATE
(IF EMERGENCY, CALL FINANCE)

NAME ON CHECK: DEPARTMENT NAME:

PURPOSE OF THIS ADVANCE: DATE(S) OF USE: _____

SUBMIT EXPENSE REQUEST FORM WITH ORIGINAL RECEIPTS UPON COMPLETION OF USE

FUND		DEPARTMENT						OBJECT CODE				DESCRIPTION	TOTAL
								7	8	9	1	Mileage	
								7	8	9	2	Lodging/Meals/Airfare	
								7	8	9	3	Vehicle Rental	
								7	8	9	4	Conference Fees	
								7	6	5	0	Special Events	
												TOTAL	0

Requested By Signature *Date*

Div Dean/Manager Signature *Date* *Cabinet Member (If Needed)* *Date*