

UWG Travel Cash Advance Authorization

Traveler Name: _____ Unit/Div: _____

Name of Authorizing Unit/Division Director: _____

Empl#(ADP) or Student#(917): _____ Phone: _____

Classification of Traveler: Faculty Staff Student Group

Travel Information:

Depart Date	Return Date	City	State	Country

Purpose of Travel:

Requested Advance

Type of Anticipated Expense	Amount Requested Individual	Amount Requested Group	Amount Approved <small>(Controller Office ONLY)</small>
Meals	\$ _____	\$ _____	\$ _____
Lodging			
Transportation			
Total	\$ _____	\$ _____	\$ _____

MISCELLANEOUS COMMENT for explanation of unusual expense/needs):

Traveler: _____ Date: _____
(Signature)

My signature certifies that my annual salary is within the acceptable range (\$50,000 or less) to receive a cash advance. I have requested the sum noted above and agree to comply with the guidelines established by the University System of Georgia and University of West Georgia governing Travel Advances and amounts owed to the University.

Approved: _____ Date: _____
(Signature)

Office of the Controller ONLY

Outstanding advance(s): No Yes: Amt: _____ Due: ___ / ___ / 20__

Advance Repaid: N/A No Yes
 Verified by and Date: _____ (Init) ___/___/20__

Issue Travel Advance in the amount of \$ _____

Authorized by: _____ Date: _____

TAuth:	Y	N
Itinerary:	Y	N
Support Doc:	Y	NA
Name Addendum:	NA	Y