



TRAVEL ADVANCE

Send To: Office of Disbursements
 75 Piedmont Ave Suite 1237
 travelteam@gsu.edu
 Please allow **5 business days** for processing

Date Issued:
Voucher Number: (Voucher will be entered by Office of Disbursements)

Name & Remittance Address of Individual Receiving Advance	Department Name:
	Contact Telephone:
	Contact Email Address:
Panther Card ID:	Travel Authorization Number (Required for Travel Advance):

Reason for Advance

Date Check Needed:

Return/Completion Date:

Settlement Date: 30 Calendar Days After Return/Completion Date.

Distribution								
SpeedChart	Amount	Account (6)	Fund (2)	Department (9)	Program (4)	SubClass (5)	Budget Pd (4)	Project/Grant (5)

Total Advance Requested	<input type="text"/>
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<ul style="list-style-type: none"> I certify that the above information is correct, and that I will abide by all rules and regulations regarding such advances. I will account for this advance within THIRTY (30) CALENDAR DAYS after the completion of the trip/activity. I authorize the Human Resources/Payroll Office to deduct from my paycheck(s)/stipend(s) any advances paid and not accounted for within THIRTY (30) CALENDAR DAYS after the completion date of the trip/activity. If I expect no payment from Georgia State University, I acknowledge a hold may be placed on my student account. I will return any unused funds promptly. I will prepare a Deposit Remittance Form, submit it to the University Cashier (100 Sparks Hall), and attach the receipt from the Cashier's Office to the Travel Expense Statement and forward to the Office of Disbursements. 	<p>I approve of the issuance of this advance and will assist in the collection if any delinquency occurs.</p>
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Recipient Signature _____ Name (Please Print) _____ Date _____	Authorized Approver for Budget Unit Signature (Required; Must be different from Requestor) _____ Name (Please Print) _____ Date _____
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Mail Check <input type="checkbox"/>	EFT <input type="checkbox"/>
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