



Send to: Accounts Payable
 4400 University Drive, MSN: 3C1, Fairfax, Virginia 22030
 Phone: 703-993-2580; Fax: 703-993-2589

REQUEST FOR TRAVEL ADVANCE

Use of this form is limited to payments that are one of the following types (check one):

Group/Team Travel

International Travel where credit cards may not be accepted

| | | | |
|---|----------|----------------|----------------|
| Employee Name | | G# | Telephone No. |
| Department | Fund/Org | Advance Amount | Needed by Date |
| Purpose and Destination of Travel (Attached Additional documentation, such as Travel Authorization, per diem analysis) | | | Travel Dates |

By signing below, I understand and agree to comply with the following:

- I am a Mason employee.
- The travel advance must be requested at least 10 business days prior to the departure date.
- The travel advance will not be provided more than 7 days before the departure date.
- I understand that the travel advance payment will be processed as a direct deposit, so I have created an Accounts Payable [direct deposit](#) bank account on [Patriot Web](#).
- The Travel Reimbursement Request with supporting receipts/documentation will be submitted to the Travel Office within 30 days of the trip return date.
- If the travel advance amount is in excess of the amount to be reimbursed, the excess will be returned to the Cash Office within 30 days of the trip return date.
- I agree that if I fail to make prompt repayment within 30 days of the trip return date, any amount outstanding will be deducted from my salary paycheck without further notice. Outstanding amounts include all cash not appropriately accounted for and/or used for an unallowable expense.

| | |
|---|------|
| Employee Signature | Date |
| Signature of Approving Official for Fund/Org <i>(Signature of supervisor if Payee is approval official for fund/org)</i> | Date |

Accounts Payable Use Only:

Invoice #: _____ Due Date: _____
 Fund/Account #: _____ Approved by: _____
 Processed by: _____ Processed Date: _____