

**FAMILY AND CONSUMER SCIENCES DEPARTMENT  
TRAVEL/ADVANCE REQUEST**

|                         |
|-------------------------|
| <b>OFFICE USE ONLY:</b> |
| Requisition #: _____    |
| Travel Order #: _____   |

**Document Prepared by:** (If other than person traveling)  
 Name: \_\_\_\_\_  
 Dept. \_\_\_\_\_ Ext. x8 \_\_\_\_\_  
 Date \_\_\_\_\_

**Please complete form and give to ASC to process at least 10 days in advance of expected travel date**

**INDIVIDUAL(S) TRAVELING:** [Type Name(s), SSN(s), Title(s)]

\_\_\_\_\_  
 (Name) (Title)  
 \_\_\_\_\_  
 (SSN)

**PURPOSE OF TRIP** (give details) \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

**DATES OF ABSENCE**

**DEPART:** \_\_\_\_\_

**RETURN:** \_\_\_\_\_

**DATES OF MEETING:** \_\_\_\_\_

**TYPE OF TRANSPORTATION:** \_\_\_\_\_

**ARRANGEMENTS OF DUTIES FOR CLASSES:** List classes to be missed and persons conducting classes and/or assignments. \_\_\_\_\_

**FISCAL YEAR** 20 \_\_\_\_ / 20 \_\_\_\_

**SOURCE OF FUNDING:**

STATE COST (sub-total) \$ \_\_\_\_\_  
 RESEARCH & SPONSORED PROJECTS (attach approval letter) \$ \_\_\_\_\_  
 FOUNDATION \$ \_\_\_\_\_  
 OTHER (specify if personal funds, etc.) \$ \_\_\_\_\_

**TOTAL COST OF TRIP** \$ \_\_\_\_\_

**PREPARE ADVANCE CHECK:** Advance checks are to be picked up at Cashier's Office prior to departure (Requires 10 day notice)

Check box if more than one advance requested.

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

**DATE CHECK NEEDED BY:** \_\_\_\_\_

**AMOUNT OF CHECK** (Minimum advance \$100) \$ \_\_\_\_\_

When an advance is requested, the following must be signed by the Claimant. NO advance will be issued without the Claimants signature. If requesting an advance, I recognize it as payable due to the State of California, and hereby authorize the amount to be deducted from my salary if not properly claimed or refunded within 10 days after ending date of trip or training.

x \_\_\_\_\_  
 (Signature of Claimant Requesting Advance)

**APPROVALS**

x \_\_\_\_\_  
 Supervisor / Department Chair Date

**CHECK ONE:**

- To recruit for faculty or administration personnel
- To attend a professional meeting and participate by:
  - Presenting a paper / poster
  - Panel member or group leader
  - Officer in the association
  - Represent the University

I hereby certify that this trip is essential to the operation of the University (Justification): \_\_\_\_\_

x \_\_\_\_\_  
 Signature of Individual(s) Traveling

**ESTIMATED COSTS:**

|   |                 |
|---|-----------------|
| Transportation:   | \$ _____        |
| Mileage: (\$0.345/mile)   | \$ _____        |
| Lodging:  | \$ _____        |
| Registration:   | \$ _____        |
| Meals / per diem  | \$ _____        |
| (\$41 per day: \$9.00 breakfast, \$12.00 lunch, \$20.00 dinner) |                 |
| Other:  | \$ _____        |
| <b>TOTAL</b>  | <b>\$ _____</b> |

|   |
|---|
| <b>OFFICE USE ONLY:</b>   |
| <input type="checkbox"/> Approved by Department Chair: _____                                    |
| <input type="checkbox"/> Sent to Travel Coordinator on: _____                                   |
| <input type="checkbox"/> Copy to Dean's Office on: _____  |
| <input type="checkbox"/> Copy of travel request sent to Research & Sponsored Projects on: _____ |
| <input type="checkbox"/> Program / presentation / receipts attached                             |