



REQUEST FOR TRAVEL ADVANCE

DATE _____

NAME: _____

ID# _____

TRAVEL DATES: _____

TO (CITY, STATE, COUNTRY): _____

I understand that by requesting an advance that my travel claim is due in the Accounting Office within **30 days** from the date of my return in order to clear my advance.

Any amount unspent must be paid back to the State by personal check, cashier's check or money order.

As a student, I agree that if my travel claim is not submitted within **60 days** from the return date of my trip that a **University Obligation Hold** will be placed on my student account

As an employee of Fresno State, I agree that if my travel claim is not submitted within **120 days** from the return date of my trip that the amount of the unrecovered advance will be **reported and taxed as additional wages**.

Signature of Traveler

Signature of Supervisor