

CSU STUDENT TRAVEL ADVANCE/PRE-PAY AUTHORIZATION

SUBMIT REQUEST 10 BUSINESS DAYS PRIOR TO SCHEDULED TRIP TO AVOID DELAY

Traveler/Sponsor: _____ CSU ID: _____

Dept./Team/Organization: _____

Account Name & Number: _____

Purpose of Trip: _____

Destination: _____ Departure Date: _____ Return Date: _____
 (City, State)

REQUESTED CASH ADVANCE

Anticipated Expense	Amount Requested – Individual Traveler	Amount Requested – Team/Organization	Amount Approved <i>(Accounting Office Only)</i>
MEALS			
LODGING			
TRANSPORTATION			
REGISTRATION			
MISC			
TOTAL			

My signature certifies I understand that the cash I receive is for student travel expense only. I have requested the sum noted above and agree to comply with the guidelines established by the University System of Georgia and Columbus State University governing Travel Advances and amounts owed to the University.

Recipient of Cash Advance: _____ Date: _____
 (Signature)

- If traveling with a team or group of students, I have attached a roster of all students and their CSU ID numbers.
- If requesting pre-paid items, I have attached the Check Request Supplement.

Budgetary Authority: _____ Date: _____
 (Signature)

Office of VPBF: _____ Date: _____
 (Signature)

CHECK REQUEST SUPPLEMENT

PREPAY REGISTRATION FEES

Please attach copies of registration forms(s)

Account # _____ Check required NLT _____ Amount \$ _____

Payable to: _____ Vendor # _____

(Agency)

(Address)

(City, State)

PREPAY LODGING

Please attach copies of Hotel/Motel Confirmation(s)

Account # _____ Check required NLT _____ Amount \$ _____

Payable to: _____ Vendor # _____

(Agency)

(Address)

(City, State)

MISCELLANEOUS COMMENT (for explanation of unusual expense/needs):

