Reset

HAMPTON UNIVERSITY
HAMPTON, VA 23668

APPROVAL FOR TRAVEL

Date: _____ Amount of Advance $ _____

Name: _____ _____ SSN: _____ (last 4 digits only)
Ext.

Travel Location: _____

Purpose of Trip: _____

Date of Departure: _____ Date of Return: _____

Time of Departure: _____ Time of Return: _____

ESTIMATED EXPENSES:

Transportation _____
(furnish receipts with report)

Lodging _____
(furnish itemized receipts with report)

Meals _____
(furnish itemized receipts with report)

Gratuitites ***(itemize below)*** _____

Other ***(itemize below)*** _____

TOTAL ESTIMATED EXPENSE $ _____

(Airplane & Train Only)

If Airplane $ _____ AIRPLANE ☐

*****MUST BE PURCHASED THRU UNIVERSITY TRAVEL OFFICE*****

If Train $ _____ TRAIN ☐

If rental car, estimated cost $ _____

(Request Avis Card from Treasurer's Office or include rental car cost in transportation).

CAR ☐

SCHOOL VEHICLE ☐

PERSONAL VEHICLE ☐

BUS ☐

Explanation of other: OTHER *(EXPLAIN)* ☐

_____

_____

ITEMIZED OTHER: _____

ITEMIZED GRATUITIES: _____

Department _____

** Account No.:
Index _____ Fund _____ Org _____ Account _____ Program _____

Recommended by:

_____ _____
Chairman or Supervisor *Dir. Of School (Academic Areas Only)*

Approved by _____

FOR BUSINESS OFFICE USE ONLY

Ref. No. _____

Approved _____ Approved _____
Budget Officer *Treasurer*

Date _____ Date _____

* It is expected that funds advanced will be accounted for *within 48 hrs. after each trip.*

**Funds advanced are charged to the individual's personal SUSPENSE account. This charge is withdrawn upon receipt of a detailed travel report of funds spent. If detailed travel report is not *submitted within 30 days, the charge will be transferred to the individual's personal account* and deducted from his/her next salary check.

WHITE - Cashier **YELLOW - Business Office** **PINK - Employee**