

Accounting & Financial Services Group Travel Request Form

DATE PREPARED

A&FS Approval

Date

EMPLOYEE REQUESTING TRAVEL ADVANCE

MSU DEPARTMENTAL NAME

RESIDENCE ADDRESS

MSU DEPARTMENTAL ADDRESS

MSU PHONE

CITY

STATE

ZIP CODE

BANNER ID

PHONE NUMBER

REQUESTED AMOUNT OF ADVANCE: \$

(Cannot exceed total cash estimate below)

GROUP DESCRIPTION

PURPOSE OF TRIP (Do not abbreviate organization names)

TRIP ITINERARY

DATE
MM/DD/YY

DATE
MM/DD/YY

RETURN TO

ESTIMATED COST OF TRIP

EXPENSE TYPE

ESTIMATED AMOUNT & METHOD OF PAYMENT

ESTIMATED COST

DIRECT BILL TO MSU (not
List Payee for All Direct Bills on Pcard)

CASH

OTHER
OTHER
OTHER

Total Cash Estimate:

APPROVAL & ACCOUNT ALLOCATION OF GROUP TRAVEL

FUND

ORGANIZATION

\$

\$

\$

\$

\$

TOTAL TRIP EXPENSE ALLOCATION: \$

EMPLOYEE REQUESTING TRAVEL

CHAIR / DIRECTOR APPROVAL

DATE

ADDITIONAL APPROVAL (If Applicable)

DATE

BANK LOGGING DISSENT EC 1099 DUE DATE

VOUCHER #

RECEIPT SIGNATURE

DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS