## TRAVEL ADVANCE FORM

Note: Allow five to seven business days for payment processing.

	Date:			
			Employment/Student Status Check appropriate box below:	
Pay to:				
			Non-exen	npt (Biweekly-UB)
Employees with direct deposit will receive payment via direct deposit.			Exempt (Monthly-UM)	
Otherwise, a check will be issued for p	oick up at the U	University Cashier's Office.	Non-Comp (MWE-UA) Registered Student	
• Students will be issued a check for p	ick up at the Ur	niversity Cashier's Office.		
		DESCRIPTION		
Date of Departure:				
	(Month, Da	y, Year)		
Date of Return:	(Month, Da	ıv. Year)	_	
Destination:	(, 20	,,, . •,		
Purpose of Travel/Advance Request:  f this request is being made more thar	n two weeks pri	ior to the departure date, pleas	se indicate why:	
Cost Object to be charged:				
Amount Requested: Employee (Code 1001000 14	41201) \$			
Student (Code 1001000 203	,			
I understand that this advance is a loan to me so in conducting official Duke business. I also unde within thirty days upon my return. If this advanc I authorize Employee Travel & Reimbursement to	erstand that I must e is not cleared wi	file the required travel expense reporthin the required time,	t	
Signed:				
Requestor's Signature		Print Requestor's Name		
Approved by:		Requestor's Duke Unique ID #		
Printed Name and Title		Requestor's Work Telephone #	ŧ	
Signature		Department		