

# UAMS Department of Finance Travel Office

## Request for Travel Advance

Traveler Name: \_\_\_\_\_ SAP ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Fund: \_\_\_\_\_ Fund Center: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Travel Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

I am requesting approval to travel to \_\_\_\_\_ and return. If approval is granted, I am requesting a Travel Advance equal to 50% of the eligible expenses.

- \_\_\_ My trip will require me to be in travel status for 72 consecutive hours or more; or
- \_\_\_ My request is based on hardship as cited below:

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Trip Number	Traveler's Signature	Date
Approval Recommended _____	_____	_____
	(Dean of College, Hospital Director, Department Head, Chancellor's Signature)	Date
Approved (Travel Department) _____		Date: _____

Advance Amount	Check Number	Date	Issued By
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I, \_\_\_\_\_, an employee of the UAMS, acknowledge that I have applied for and received from the UAMS Treasurer, a travel advance, as shown above, to be used for the payment of expenses in connection with official travel to be performed by me. This advance represents a loan to me by UAMS to be used only for this purpose.

I agree that this amount is to be repaid to the UAMS Treasurer from the travel reimbursement amount that would otherwise be paid to me, pursuant to the above authorization, upon my return from this trip, and the execution of this form is intended to be an assignment by me of that reimbursable amount. I also agree that my reimbursement claim showing expenses incurred will be filed with the UAMS Travel Office within five (5) working days after completion of this travel.

In consideration of the receipt of these funds by me in advance of the expenditure thereof, I agree that in the event that I fail to file a reimbursement claim and show the expenditures thereon which I actually incurred, or in the event that I do not actually expend all of the advance for official travel on behalf of UAMS, then UAMS may reimburse itself by withholding an equivalent amount my subsequent payroll checks, or from other amounts which may be payable to by UAMS.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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\*\*\*\*\* Payment Record (for Treasurer's Office Use) \*\*\*\*\*

\$ _____	_____	_____	_____	\$ _____
Amount	Vol #	Receipt #	Dated	Balance Due

The **Request for Travel Advance** must be completed and forwarded to the UAMS Travel Office for approval and processing. Submit this form with the **Request for Travel Authorization**. If approved, the applicant must sign the lower portion of the form in the Treasurer's Office.