PENNSTATE

REQUEST FOR TRAVEL ADVANCE

Purpose: This form is used to request a travel advance, which will be issued at the discretion of the Financial Officer. Please refer to the instruction page on GURU at [https://guru.psu.edu/forms/1-03TARequestForTravelAdvance.html] or the Penn State Travel Policy (https://guru.psu.edu/policies/PennStateTravelPolicy.html) for details.

Official GURU FORM

COMPLETE AT THE TIME ADVANCE REQUESTED

Employee:	Date:
Department:	Amount: $
Location:	
Purpose, Destination & Inclusive Dates:	
Date advance will be closed:	
Department Name:	Account
Fund Name:	Cost Center

I have requested an advance of $_____. I intend to use this advance for the purpose stated above and I understand and accept that appropriate sanctions will be administered if misuse is determined. I understand that I will be liable for the full amount of the advance until settlement. Any amounts owed to the University after 60 days will be deducted from my paycheck and by my signature below, I authorize the University to do so. I understand that any expenditures made with this advance are subject to further approval according to Penn State policies and procedures.

Signed Employee _____ Date _____

APPROVED BY:

_____ _____
Financial Officer Signature Date

Issued through: Operating Cash Fund

☐ SRFC (direct deposit) ☐ Cash ☐ Check

Form # _____ Check # _____

COMPLETE AT TIME OF SETTLEMENT OF ADVANCE

This section must be completed if the advance is not settled in ERS or if there is any reimbursement due from the employee.

A Amount of Advance (as indicated above) $_____

B Amount of Expenditures $_____

If A is greater than or equal to B

☐ Amount of advance **equaled** the expenditures. I consider this advance to be settled.

☐ The amount of $ _____ **exceeded** the expenditures. I have received this amount from the employee as settlement for the advance.

If A is less than B

Expenditures exceeded the amount of the advance. I have received this additional amount from the Financial Officer as settlement of the advance: $_____

ERS Report _____ ROCR #: _____

_____ _____
Financial Officer Signature Date

_____ _____
Employee Signature Date