

# UWG Travel Cash Advance Authorization

Traveler Name: \_\_\_\_\_ Unit/Div: \_\_\_\_\_

Name of Authorizing Unit/Division Director: \_\_\_\_\_

Empl#(ADP) or Student#(917): \_\_\_\_\_ Phone: \_\_\_\_\_

Classification of Traveler:      Faculty      Staff      Student      Group

**Travel Information:**

Depart Date	Return Date	City	State	Country

Purpose of Travel:

\_\_\_\_\_

\_\_\_\_\_

**Requested Advance**

Type of Anticipated Expense	Amount Requested Individual	Amount Requested Group	Amount Approved <small>(Controller Office ONLY)</small>
Meals	\$ _____	\$ _____	\$ _____
Lodging			
Transportation			
<b>Total</b>	\$ _____	\$ _____	\$ _____

MISCELLANEOUS COMMENT for explanation of unusual expense/needs):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Traveler: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

My signature certifies that my annual salary is within the acceptable range (\$50,000 or less) to receive a cash advance. I have requested the sum noted above and agree to comply with the guidelines established by the University System of Georgia and University of West Georgia governing Travel Advances and amounts owed to the University.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

*Office of the Controller ONLY*

Outstanding advance(s):    No     Yes:    Amt: \_\_\_\_\_     Due: \_\_\_ / \_\_\_ / 20\_\_

Advance Repaid:            N/A    No     Yes  
 Verified by and Date:       \_\_\_\_\_ (Init)   \_\_\_/\_\_\_/20\_\_

Issue Travel Advance in the amount of \$ \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

TAuth:	Y	N
Itinerary:	Y	N
Support Doc:	Y	NA
Name Addendum:	NA	Y