

# USNH Pre-Approval/Advance Form

**Travel Advance**   
  **Non-travel Advance**   
  **Pre-Approval**

Advance #:

## Employee/Trip Information Date: \_\_\_\_\_

<u>Name:</u>	<u>Position/Title:</u>	
<u>Department:</u>	<u>Phone:</u>	
<u>Depart Date:</u>	<u>Return Date:</u>	
<u>Destination:</u>		
<u>Project/Grant:</u>		
<u>Bus. Purpose:</u>		
<u>Travel Category:</u>	Social Security _____ Address: _____ _____ _____	
<i>Comments on Travel Category:</i>		
<u>Travel Means:</u>	If by car, others in vehicle:	

## Estimated Expenses

Expense	Amount	Description/Comments
Transportation		
Lodging		
Meals		
Registration		
Other		
<b>Total</b>		

If you know the source(s) of funding for your travel please enter it here.  
 If you do not know your source(s) of funding, please leave section blank.

FUND	ORG	ACCOUNT	PROG	ACTIVITY	LOCATION	AMOUNT
<b>TOTAL</b>						

Undistributed

## Advance

I hereby authorize deductions from my paycheck to satisfy the payment of this advance or any unsubstantiated amounts.

Amount Requested

\_\_\_\_\_  
 Signature indicating advance was received Date

Disbursement of Advance   
  Cash   
  General Disbursement Check

## Approvals/Signatures

Dean, Director or Dept. Head	Date
Office of Sponsored Research (If applicable)	Date
Authorized BSC Representative	Date
Travel Coordinator/Center	Date
Disbursements Manager	Date
Traveler/Payee	Date

Fund: 9U0000 Account: 112053--Travel