

Travel Advance Request

Name						
Travel Destination	on					
Purpose of Trave	el					
Departure Date &	& Time					
Return Date & Ti	ime					
Amount of Advance						
FOAPAL to Charge						
Fund/Orgn Number Fund/Orgn Name				Acct	Activity (Optional)	Amount
APPROVAL OF DEPARTMENT OR PROGRAM BUDGET AUTHORITY						
Signature of Budget Administrator						
Date						
Signature of Recipient						
Date						
Any Travel Expense Report not submitted to the Office of Finance within two weeks of the completion of travel will be considered delinquent, and any cash advance may be considered a personal advance to be deducted from future salary payments.						
ACKNOWLEDGEMENT OF RECEIPT OF FUNDS FROM CASHIER Office of Finance Bucknell University						
Name]	Bucknei	1 University		
Advance Amount						1
Auvance Amount			<u> </u>			Dollars
Signature of Recipient (the individual who personally receives the funds from the Cashier)						Donats
Date						
Office of Finance Approval						

Cashier Use Only: Detail Code – ZTRA; (FOAPAL 110009-1207)

Last Revised 28-Dec-01