Fashion Institute of Technology
Seventh Avenue at 27 Street
New York City 10001-5992
www.fitnyc.edu

# TRAVEL ADVANCE REQUEST FORM

| | |
|---|---|
| EMPLOYEE'S NAME | EMPLOYEE'S PAYROLL ID#<br>**E -** |
| EMPLOYEE'S HOME ADDRESS<br>STREET | DEPARTMENT NAME<br>DEPARTMENT PHONE # |
| CITY STATE ZIP CODE | REQUISITION #<br>**X –** |

We certify that the following expenses will be charged and incurred in accordance with College Policy and reimbursement will not be provided by any other source.

AUTHORIZING SIGNATURE

_____ _____
EMPLOYEE'S SIGNATURE DATE

_____
(Please Print) » NAME » TITLE DATE

PURPOSE OF TRAVEL: _____

DESTINATION_____DEPARTURE DATE _____RETURN DATE _____

EXPENSES TO BE CHARGED TO: COST CENTER_____ OBJECT CODE_____

*ITEMIZATION OF FUNDS TO BE ADVANCED : (ATTACH ALL AVAILABLE DOCUMENTATION)*

| Description of Expenses | Amount |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| TOTAL ADVANCE REQUESTED | _____ |

**A TRAVEL & BUSINESS EXPENSE REPORT MUST BE SUBMITTED TO THE ACCOUNTING OFFICE WITHIN 15 BUSINESS DAYS AFTER THE RETURN DATE INDICATED ABOVE.**

FOR ACCOUNTING USE ONLY

Reviewed by: Date: