

**DEPARTMENT OF PHARMACOLOGY  
TRAVEL ADVANCE REQUEST**

This form must be submitted to the Procurement Manager 10 business days before the date the traveler expects to receive the check. Travel advances will be issued to employees who conduct business-related travel to cover travel expenses that cannot be charged through the use of credit cards or when an employee does not have a credit card. The advance will be established at an amount that is reasonable. Travel advances cannot be issued more than two weeks prior to the beginning date of the trip without documentation of the extenuating circumstance.

**DATE:**

**S.S. NUMBER:**

**FULL NAME (no initials):**

**HOME ADDRESS** *(CHECK WILL BE MAILED TO YOUR HOME ADDRESS)*

**CITY-STATE-ZIP**

**SPEED TYPE:**

**TRAVEL INFORMATION:**

**Purpose of Travel:**

**Destination:**

**Travel Dates:**

**Amount Requested:**

**This advance will be used to cover the following expenses:**

**Traveler must read and sign below:**

I am requesting a travel advance from Case Western Reserve University for the trip specified above. I certify that I am on the payroll of Case Western Reserve University and that I do not currently have an outstanding travel advance. I agree to spend these funds and account for them in accordance with all applicable University guidelines.

In the event that this advance is not properly cleared with the Accounts Payable Office within ninety (90) days of completion of my trip, I authorize the Case Western Reserve University Payroll Office to deduct the outstanding portion of this advance from my next payroll check. I understand that if this occurs, I will no longer be eligible to receive further travel advances through Case Western Reserve University until the appropriate documentation is submitted.

**Traveler's Signature:**

**PRINT NAME**

**Supervisor's Signature:**