



Boston College TRAVEL ADVANCE

(Refer to the BC Travel Policy and Instructions before completing)

Travel Advance #

| | | | |
|--|--|--|-------------------------------------|
| Employee's Full Name (Middle Initial): | | Business Purpose of Expense: (check one) | |
| Department: | | <input type="checkbox"/> Conference | <input type="checkbox"/> Recruiting |
| Extension: | | <input type="checkbox"/> Team Travel | <input type="checkbox"/> Research |
| Employee ID: | | <input type="checkbox"/> University Sponsored Function | <input type="checkbox"/> Training |
| Originator: | | <input type="checkbox"/> Fundraising | |
| Conference/Function Name: | | Date of Conference/Function: ____/____/____ | |

Justification for Amount Requested

PART 1: TRANSPORTATION

| Date(s) | Transportation Type | From and To City/State/Country | Amount |
|---------|---------------------|--------------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL Transportation Expenses Subtotal 1: \$

PART 2: TRAVEL EXPENSES

| Date(s) | Description of Expense | Amount |
|---------|------------------------|--------|
| | | |
| | | |
| | | |
| | | |

TOTAL Travel Expenses Subtotal 2: \$

Certification: I certify that the advance requested above will be used for authorized purposes only.

Signature of Employee: _____ / /

Print Employee Name: _____

Authorized Approval: _____ / /

Print Name: _____

TOTAL ADVANCE REQUEST \$

PART 3: CHARTSTRING

| Department | Fund | Fund Source | Program | Function | Property |
|------------|------|-------------|---------|----------|----------|
| | | | | | |
| | | | | | |

If funded by a grant or capital project please include the following Values

| Project | PC Bus Unit | Activity | Res Type | Category | Sub-Cat |
|---------|-------------|----------|----------|----------|---------|
| | | | | | |
| | | | | | |

Attn Supervisors: Be sure account information and descriptions are filled in before signing travel report.