

Travel Request # _____

FOR OFFICE USE ONLY	
Travel Advisory Check	Compliance

TEXAS ENGINEERING EXPERIMENT STATION TRAVEL AND ADVANCE REQUEST

EMPLOYEE NAME: _____ **PAYEE I.D.#** _____
(Print or Type) (14 Digits)

PERIOD OF TRAVEL: _____ through _____
(Date) (Date)

DESTINATION: (City and State), PURPOSE OF TRAVEL, BENEFIT TO TEES:

MODE OF TRANSPORTATION: Privately Owned Automobile Private Airplane Official Automobile
 Commercial Transportation (includes rent-car when necessary) University Airplane

When two, three, or four employees with the same itinerary on the same dates are required to travel on the same state business, mileage reimbursement for only one of the employees can be allowed.

I will (be accompanied by) _____ (accompany) _____

EXPENSES TO BE CHARGED TO TEES:			
Account #: _____	Project #: _____	Division Code: AR _____	Estimated Expense: \$ _____
Account #: _____	Project #: _____	Division Code: AR _____	Estimated Expense: \$ _____
Account #: _____	Project #: _____	Division Code: AR _____	Estimated Expense: \$ _____
TOTAL ENCUMBRANCE:			\$ _____

ADVANCE REQUESTED:	<input type="radio"/> No <input type="radio"/> Yes	If "Yes", Total Amount Requested \$ _____
Registration** \$ _____	Airfare** \$ _____	Per Diem \$ _____
<small>*Advances may be picked up at the TEES Fiscal Office three (3) working days prior to the commencement of travel.</small>		
<small>**Please attach receipt/evidence of payment for "Registration" and/or "Airfare".</small>		

OTHER SOURCES OF FUNDING:		
Source Name: _____	Account # _____	Estimated Expense: \$ _____
Source Name: _____	Account # _____	Estimated Expense: \$ _____

I request permission to be absent with pay from my designated headquarters on agency/university business for the time period shown in the "Period of Travel" section above. Satisfactory provisions have been made for handling my official duties during my absence. In the event this advance is not cleared within forty-five (45) days of the travel date, I hereby authorize the TEES Fiscal Office to deduct from my paycheck(s) the amount necessary to clear this advance.

(Employee's Signature) (Date) (Employee's Title)

APPROVAL RECOMMENDED: _____ **APPROVED:** _____

(Head of Division or Unit) (Date) (Agency Director) (Date)

Advance Received By _____	Date _____
Amount _____	Check Number _____

Contact Person _____ Phone Number _____