

MOUNT HOLYOKE

MOUNT HOLYOKE COLLEGE

Travel Advance / Travel Authorization

TA# _____

Name of traveler: _____

Date

Department: _____

Campus address: _____

Dates:

From _____ To _____

Destination:

City _____

State/Country _____

Purpose of Trip: Conference Faculty conference Fundraising

Honoraria Candidate recruiting Other:

Lecturer Department travel

Complete for TRAVEL ADVANCE CHECK only:

Amount requested: \$ _____

Date needed: _____

Check disposition: Pick up US Mail

Return to requester via campus mail

Return to traveler via campus mail

Account to be charged: Account will be charged at time of reconciliation.

 CO (4)

 Acct. Unit (6)

 Activity (6) (if required)

Statement of Traveler: I agree to clear advances within 30 days of the completion of this trip. If any of the amounts advanced or charged under this travel advance are not reconciled and accounted for by me within 60 days of the date of this request, I hereby authorize the Financial Services Office to deduct such amounts from my payroll check.

Signature

Date

Complete for AIRLINE or TRAIN RESERVATION only:

Estimated amount of ticket: \$ _____

Agency used: Travel Collaborative ** Preferred - Potential Disc. (617) 497-8106

Accent Travel (800) 688-0110

South Hadley Travel (413) 536-7747

Account to be charged:

 CO (4)

 Acct. Unit (6)

 Acct (5) - subacct(4)
 Ex: 84200-0081

 Activity (6)
 Ex: REEXXX

Requested by

Date

Approved

Date

Travel Advance/Travel Authorization-Financial Services 3/04