

UC Hastings College of the Law
APPROVAL OF TRAVEL PLANS AND REQUEST FOR TRAVEL ADVANCE

APPROVAL OF TRAVEL PLANS

To (Department Head): _____

From: (Authorized Traveler*): _____ Student ID#: _____

Traveler's Address: _____
Number Street Apt # City State Zip

Purpose of Trip: _____

City and State Destination: _____

Inclusive Dates of Travel: _____

Funding for this trip is included in the Department's current budget: ____ Yes ____ No

Estimated Expenditures: Meals _____
Transportation _____
Lodging _____
Other _____
Registration Fees _____
Total: \$ _____

____ Approved ____ Disapproved
Department Head's Signature _____ Date _____

REQUEST FOR TRAVEL ADVANCE

Only authorized travelers may receive a travel advance. *An authorized traveler is defined as a current employee of the College on active pay status; a currently enrolled student; or an individual who maintains an active contract for services with the College. A copy of the executed contract must accompany the travel advance form before it will be processed.

Amount of Travel Advanced Requested: \$ _____ Note: Cannot exceed the estimated cost of the trip as noted above.

In receiving this advance, I recognize it as a payable to Hastings College of the Law and agree to submit the necessary documentation to clear this advance within 30-days of completion of the trip. I understand that no additional advances will be issued to me until this advance is cleared. Further, I understand that if I do not have the appropriate supporting documentation to clear this advance, I will remit the amount of unsupported costs to the College within 30-days of the trip.

If I am a student traveler, I understand that if I do not submit the necessary documentation or remit payment to clear this advance within 30-days of completion of the trip a hold may be placed on my student records.

____ Approved ____ Disapproved
Traveler's Signature _____ Date _____
Department Head's Signature _____ Date _____

** Forward form to Fiscal Services for processing if travel advance is requested and approved. **

For Fiscal Services' Use Only:

Check #: _____ Date: _____ Clearing Account #: _____