

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 #: \_\_\_\_\_