



PrePay Travel Expenses

Authorization ID: _____

Employee Name: _____

Employee ID: _____

General Information	
Description: _____	Comments: _____
Business Purpose: _____	
Default Location: _____	
Date From: _____	
Date To: _____	

Accounting Information					
Fund: _____	DeptID: _____	Program: _____	Class: _____	Proj/Grt: _____	

Details			
EXPENSE TYPE	AMOUNT	VENDOR # & ADDRESS	DISPOSITION
		Fed ID #:	<input type="checkbox"/> Mail Check
		Address:	<input type="checkbox"/> Mail with Attachment
			<input type="checkbox"/> Hold check for:
		Fed ID #:	<input type="checkbox"/> Mail Check
		Address:	<input type="checkbox"/> Mail with Attachment
			<input type="checkbox"/> Hold check for:
		Fed ID #:	<input type="checkbox"/> Mail Check
		Address:	<input type="checkbox"/> Mail with Attachment
			<input type="checkbox"/> Hold check for:
		Fed ID #:	<input type="checkbox"/> Mail Check
		Address:	<input type="checkbox"/> Mail with Attachment
			<input type="checkbox"/> Hold check for:
Authorized Amount:		_____	

Approved Signature

***** PLEASE ATTACH SUPPORTING DOCUMENTATION AND FORWARD TO TRAVEL OFFICE (BOX # 60) FIVE BUSINESS DAYS PRIOR TO TRAVEL. *****