



Texas Wesleyan University Employee Travel Expense Advance

(Please Complete Online or Print in Ink)

NAME: _____

TRAVEL DATES: FROM: _____ TO: _____

DESTINATION: _____

PURPOSE OF TRIP: _____

DEPARTMENT: _____ DEPARTMENT NUMBER _____

Estimated Out of Pocket Expenses:	AMOUNT \$
Transportation	
Lodging	
Meals	
Registration	
Other expense	
Total	-
	80%
AMOUNT ADVANCED	-

You must account for your expenses after your trip. I understand that an Employee Expense Form must be completed and submitted and approved by my supervisor within 10 days of returning from this trip. If the amount of the Advance exceeds the amount of the expenditures, I will return any unused funds. I acknowledge that all advanced funds are considered a personal advance until the Employee Expense Form is approved and submitted with all proper and required documentation. I further understand that if I do not return unused funds, an Employee Expense Form is not submitted timely, or if expenses claimed are invalid, the excess advance may be deducted from my paycheck or charged to my student account.

Acknowledged: _____

Budget Manager: _____

VP/Director _____

Check # _____ Check Date: _____