



Mercer Island School District

# REQUEST FOR TRAVEL ADVANCE

Name: \_\_\_\_\_

School/Dept: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

### ESTIMATED COSTS

TRANSPORTATION \$ \_\_\_\_\_

### MEAL ALLOCATION:

Note: Travel status must begin three (3) hours prior to meal to establish eligibility for entitlement to such meal. Do not include meals provided as part of registration.

Mark (X) either ACTUAL EXPENSE or PER DIEM (Breakfast \$10; Lunch \$14; Dinner \$25) for meals  
(If select actual expense, you must submit all itemized receipts with expense claim)

PER DIEM  ACTUAL EXPENSE  MEALS \$ \_\_\_\_\_

### OTHER COSTS:

Tolls, Taxi, Parking, etc OTHER \$ \_\_\_\_\_

**Amount of Travel Advance Requested** ..\$ \_\_\_\_\_

I understand that:

- A travel expense claim form is to be submitted to the Business Office within the ten (10) days following completion of travel.
- If the travel advance is in excess of the Travel Expense Claim, a refund of the difference is to be attached.
- Failure to comply may result in the advance being deducted from my next payroll warrant.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Travel Advance Issue:

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_  
Recipient Signature Date Received

\_\_\_\_\_  
Custodian Signature