

RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
TRAVEL ADVANCE REQUEST

M634-584

FOR BUSINESS OFFICE USE	
PURCHASE ORDER NO.	P.O. DATE

TRAVELER'S NAME AND HOME ADDRESS		SPECIAL CHECK HANDLING INSTRUCTIONS	
SOCIAL SECURITY NUMBER	ACCOUNT NUMBER (NOT ADVANCE ACCOUNT)	TYPE OF TRAVEL <input type="checkbox"/> DOMESTIC 3501 <input type="checkbox"/> FOREIGN 3502	

PURPOSE OF TRAVEL—RELATED TO OVERALL PURPOSE OF ACCOUNT. STATE DATES AND DESTINATIONS. ATTACH PROGRAMS, AGENDAS, ROOM RATES, ETC.

PROJECTED EXPENSES			
ONLY INCLUDE ALLOWABLE ITEMS. USE AUTHORIZED REIMBURSEMENT RATES.			
TRANSPORTATION: PERSONAL CAR—MILES _____			\$ _____
LOCAL FARES—SUBWAY, TAXI, BUS, ETA _____			\$ _____
INTERCITY FARES—	<input type="checkbox"/> PLANE <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS <input type="checkbox"/> OTHER		\$ _____
DESCRIBE OTHER TRANSPORTATION		1	TRANSPORTATION \$ _____
LODGING: DAYS _____			\$ _____
MEALS: DAYS _____			\$ _____
LIST OTHER ITEMS: _____			\$ _____
			\$ _____
			\$ _____
			\$ _____
NOTES: · THE TRAVELER MUST SUBMIT A COMPLETED TRAVEL EXPENSE VOUCHER WITH SUPPORTING DOCUMENTATION WITHIN TWO WEEKS OF COMPLETING THIS TRIP · THE ADVANCE MAY NOT BE MORE THAN THE SUM OF PROJECTED TRANSPORTATION EXPENSES PLUS 75% OF OTHER PROJECTED EXPENSES.	OTHER	2	75% OF OTHER \$ _____
	ADVANCE REQUESTED		ADD 1 + 2 \$ _____
REMARKS AND EXPLANATION OF UNUSUAL ITEMS. USE REVERSE SIDE IF NECESSARY.			

TRAVELER'S SIGNATURE	TITLE	DATE
APPROVAL SIGNATURE	TITLE	DATE

FOR CONTROLLER'S OFFICE USE		
AMOUNT PAID	DATE PAID	SIGNATURE
\$ _____		