

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			
<i>ONLY INCLUDE ALLOWABLE ITEMS. USE AUTHORIZED REIMBURSEMENT RATES.</i>			
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
\$ _____		