

Portland State University Athletics Department
TRAVEL REQUEST
& TRAVEL ADVANCE CHECK REQUEST FORM

PART 1: TRAVEL REQUEST

SPORT/DEPARTMENT _____ ACCOUNT NUMBER _____
(Business Office Use Only)

INCLUSIVE DATES OF TRAVEL _____ TO _____ DESTINATION(S) _____

PURPOSE OF TRIP _____

NAME OF COACHES _____ NUMBER OF STUDENTS _____ NUMBER OF OTHERS _____

NAMES & PURPOSES OF OTHERS _____

MEALS:	RATE	# PERSONS	DAYS	TOTAL
PER DIEM	_____	X _____	X _____	\$0.00
TOTAL MEALS				\$0.00

ON-CAMPUS RECRUITING VISIT MEALS:

Note: These are maximum rates per person and include a maximum gratuity of 15%

	RATE	# PERSONS	DAYS
BREAKFAST	_____	x _____	x _____
LUNCH	_____	x _____	x _____
DINNER	_____	x _____	x _____

(List all names attending meals in above section)

LODGING:	RATE <small>(include taxes)</small>	# OF ROOMS	NIGHTS	TOTAL LODGING
LODGING:	_____	X _____	X _____	\$0.00
AIRFARE:	_____	X _____	(persons)	\$0.00

From _____ / _____ Time To _____ / _____ Time
Depart Arrive

From _____ / _____ Time To _____ / _____ Time
Depart Arrive

GROUND TRANSPORTATION

CAR/VAN RENTAL _____
(Including Liability Damage Waiver Insurance Only)

MOTOR POOL _____

BUS (Charter) _____

OTHER _____
(Specify)

TRANSPORTATION TOTAL \$0.00

MISC. EXPENSES: _____ **TOTAL MISC** _____
(Specify entry fee, parking, gas, admission, packets, etc.)

TOTAL ESTIMATED COST FOR TRIP \$0.00

Requested by Coach _____ Date _____

PART 2: TRAVEL ADVANCE CHECK REQUEST

Note: The Business Office requires a minimum of
10 working days to process travel advance check requests

Banner Document Number _____

DATE CHECK REQUIRED _____ (checks cut is Wednesday only) ADVANCE AMOUNT _____

EMPLOYEE NAME _____ EXTENSION NUMBER _____ PSU ID NUMBER _____

I understand that this travel advance is not a loan and that these funds are to be used solely for the purpose of defraying reimbursable travel expenses while on state business.

I hereby authorize the Director of Business Affairs to make a payroll assignment or withhold other amounts due to me not to exceed the amount provided above if I do not present an approved travel reimbursement claim by the 10th of the month following the month in which travel terminates.

Travel Advance Requested by		Department Approval	
Signature	Date	Signature	Date
Print Name & Title		Print Name & Title	

INDEX CODE: TRA001	ACCOUNT CODE: A3110	ACTIVITY CODE: _____
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BAO APPROVAL (For Travel Advance)	Check Received by
Signature of Traveler	Signature
Date	Date
Print Name & Title	**Must be signed when check is received**
	Check # _____