

Missouri State University™

OUT OF STATE TRAVEL AUTHORIZATION/CASH ADVANCE FORM

TYPE OR PRINT IN INK		DATE	
NAME		SOCIAL SECURITY NO./Banner M No.	
DEPARTMENT		FUND	ORG
DESTINATION		ACCOUNT	PROGRAM
PURPOSE OF TRIP		ACTIVITY	LOCATION
DATES OF TRAVEL		NUMBER MAKING TRIP	
FROM:		TO:	
MANNER OF TRANSPORTATION			
☐ CAR ☐ PLANE ☐ BUS ☐ TRAIN			
ESTIMATED EXPENSES		SPECIFY EXPENSES	
MEALS	\$	@ \$	
TRANSPORTATION	\$	If personal car, Miles @ current rate	
LODGING	\$	Nights @ \$	
OTHER (SPECIFY)	\$		
TOTAL	\$		
REIMBURSABLE ALLOWANCE	\$	To be completed by approving Administrative Officer	
CASH ADVANCE	\$	MUST be filled out to receive advance!	
APPROVING DEPARTMENT HEAD'S SIGNATURE		APPLICANT'S SIGNATURE	
(date)		(date)	
APPLICANT SHOULD NOT WRITE BELOW THIS LINE			
APPROVING ADMINISTRATIVE OFFICER		FINANCIAL SERVICES USE ONLY	
(signature) (date)		TRAVEL REQUEST NO.	
☐ President ☐ Vice President-Academic Affairs ☐ Vice President-Student Affairs ☐ Academic Dean		ACCOUNT NUMBER	
☐ Vice President-Administrative Services ☐ Chief Financial Officer ☐ Vice President-University Advancement ☐ Other		DESCRIPTION	
BUDGET TO BE CHARGED		TRAVEL REQUEST -	
☐ Faculty Travel ☐ Other		DATE	
(RETURN ALL COPIES TO FINANCIAL SERVICES)		ENCUMBRANCE \$	