



MISSOURI STATE UNIVERSITY

OUT OF STATE TRAVEL AUTHORIZATION/CASH ADVANCE FORM

TYPE OR PRINT IN INK		DATE					
NAME		M-NUMBER:					
Department		Fund	Org	Account	Program	Activity	Location
Destination							
Purpose of trip							
Dates of travel						Number Making trip	
From: _____ To: _____							
Manner of Transportation: ☐ CAR ☐ PLANE ☐ BUS ☐ TRAIN							
Estimated Expenses				SPECIFY EXPENSES			
Meals		\$		_____ @ \$ _____ if Personal car, _____ Miles @ current rate _____ Nights @ \$ _____ _____ _____			
Transportation		\$					
Lodging		\$					
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's Signature _____				Date _____			
☐ President ☐ VP- Administrative Services ☐ Provost ☐ Chief Financial Officer ☐ VP-Student Affairs ☐ VP-University Advancement ☐ Academic Dean ☐ Other _____				FINANCIAL SERVICES USE ONLY Travel Request #: _____ FOAP#: _____ Fund: _____ Organization: _____ Account: _____ Prog: _____ Description: TRAVEL REQUEST _____ DATE: _____ Encumbrance: \$ _____			
Budget to be Charged							
☐ Faculty Travel							
☐ Other _____							
(RETURN ALL COPIES TO FINANCIAL SERVICES)							