

Missouri State University™

OUT OF STATE TRAVEL AUTHORIZATION/CASH ADVANCE FORM

TYPE OR PRINT IN INK		DATE 	
NAME 		SOCIAL SECURITY NO. 	
DEPARTMENT 		BUDGET NO. TO CHARGE 	
DESTINATION 			
PURPOSE OF TRIP 			
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	\$ 0.00		
REIMBURSABLE ALLOWANCE	\$ 	To be completed by approving Administrative Officer MUST be filled out to receive advance!	
CASH 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	
		TRAVEL REQUEST NO.	
		ACCOUNT NUMBER	
		- - - -	
BUDGET TO BE CHARGED		DESCRIPTION	
☐ Faculty Travel ☐ Other 			
☐ President ☐ Vice President-Academic Affairs ☐ Vice President-Student Affairs ☐ Academic Dean			
☐ Vice President-Administrative Services ☐ Chief Financial Officer ☐ Vice President-University Advancement ☐ Other 		DATE	
ENCUMBRANCE		ENCUMBRANCE	