

**MAINE COMMUNITY COLLEGE SYSTEM
REQUEST FOR TRAVEL ADVANCE**

Name: _____

Address: _____

Campus: _____

Date: _____

Nature of official business: _____

Destination: _____ Mode of Travel: _____

Departure Date: _____ Return Date: _____

Estimated Costs:

Meals per day: _____ X the # of days _____ = \$ _____

Lodging per day: _____ X the # of days _____ = \$ _____

Transportation: _____ Other: _____

Request advance of \$ _____ Account to be Charged: _____

I understand that this is a loan or an advance against future earnings or wages and I agree to allow the MCCS to deduct the full amount of the travel advance from payroll salaries and wages in the event I do not refund the advance within 30 days from the travel return date.

Signature of Traveler

Date

Please note: Travel advances must be settled within fifteen (15) days of the travel return date.

Approved:

Date: _____ Department Head _____

Date: _____ Finance Director _____

2 copies to Bus. Office

August, 2010

