Cornell University

Office of the University Controller

Travel Advance Form

Travel advances generally are restricted to Cornell faculty, staff members, and students. Expenses related to visitors should be charged directly to operating accounts.

Because direct payment or corporate card is available for most travel expenses, travel advances will be limited to those expenses for which a traveler is expected to endure a hardship for out-of-pocket expenses while on travel, and expenses that could not have been paid for by direct payment or a Cornell corporate card.

Part I: Payee ar	nd Trip	Information									
Payee Name Corne			nell NetID	Departmen	Department						
Purpose of Trip											
Destination					Departure Date			Return Date			
If the payee has enrolled in Accounts Payable Direct Deposit, this advance will be processed as a direct deposit. If the payee is not on direct deposit, indicate below the address to which the check should be sent.											
Street Address											
City									Zip Code		
Part II: Estimated Expense Calculations											
Expenses # of Da	ays X	Rate* (\$)	=	Totals	Special Circ	umetancos	Affocting	Evnones			
Meals	X		=		Special Circ	umstances /	Anecing	Expense	;5.		
Lodging	Х		=								
Transportation (train, bus, rental car, plane, taxi, etc.)											
Miscellaneous expenses Total cash advance requested											
*Note: Per diem is 75% of the daily rate on the first and last days of travel. • Domestic Per Diem Rates • Foreign Per Diem Rates											
Part III: Account Information and Repayment Agreement											
Account Distribution											
Total Advance Requested (from Part II)					Account	Sub- Account	Object	Sub- Object	Project	Org Ref ID	
				Acc	ount:						
				Sour Repayr	rce of ment:						
I agree that, within 30 days of my return from the trip identified above, I will submit my receipts and other documentation of business expenses to clear the advance and/or repay any excess. In the event I fail to comply, I hereby authorize deduction of the amount of this advance from my salary. Date											
Signature of Payee											
Unit Authorization (if required by unit): Signature:									Date		