REQUEST FOR PRE-TRAVEL ADVANCE

DEPARTMENT OF STATISTICS

PAYMENT TO VENDOR
PAYMENT TO TRAVELER
PAYMENT TO CORPORATE CARD

PAYMENT INFORMATION	
CONFERENCE / REGISTRATION FEE	AIRFARE
LODGING	OTHER:

TRAVELER INFORMATION		
NAME:	EMPLOYEE	NON-EMPLOYEE
PHONE:	US CITIZEN	NON-US CITIZEN
ADDRESS:		
(PLEASE INCLUDE CITY, STATE, AND ZIP CODE)		
EMAIL:		

TRIP INFORMATION	
DEPARTURE DATE / TIME:	RETURN DATE / TIME:
DESTINATION:	

PURPOSE OF TRIP:

INCLUDE RELEVANCE TO GRANT CHARGED

PAYMENT INFORMATION	
PAYMENT TO:	PHONE:
ADDRESS:	
(PLEASE INCLUDE CITY, STATE AND ZIP CODE)	
AMOUNT TO BE PAID:	
BILLING ID IF NON-EMPLOYEE USING CONEXXUS:	
DAFIS ACCOUNT TO BE CHARGED:	

AUTHORIZATION

I AUTHORIZE THE FOLLOWING CHARGES TO THE ABOVE ACCOUNT AND CERTIFY THEY SPECIFICALLY BENEFIT THE PROJECT BEING CHARGED

TRAVELER SIGNATURE:

PI SIGNATURE:

OFFICE USE	
DAFIS DOC #	ACCOUNT MANAGER APPROVAL: