State of Colorado
REQUEST FOR TRAVEL ADVANCE

Travel Date:			
Destination: (City & State)			**PHONE:**
Today's date:		**EID#:**	**POSITION #:**
EMPLOYEE TYPE * (Check One)	PERMANENT ( )	TEMPORARY ( )	OTHER (SPECIFY) ( )
I request a travel advance in the amount of $_____, by _____ (date).		I have a State of Colorado US Bank Travel Card: Yes No	
DATE TRAVEL IS CONCLUDED			
REASON FOR TRAVEL ADVANCE			
EMPLOYEE NAME & SIGNATURE:			
SUPERVISOR NAME & SIGNATURE:			
FISCAL OFFICER NAME & SIGNATURE:			

If this is a request for travel advance for Out-of-State travel, the approved authorization for the Out-of-State request must be attached to this request.

* Contract employees must go through their employer to request a travel advance.

RECEIPT FOR TRAVEL ADVANCE

I hereby appoint and constitute the State Controller or delegate my attorney-in-fact for the purpose of receiving all funds due me and reimbursing the State of Colorado therefrom and may demand and receive any moneys or credits payable to me from the State of Colorado to the extent necessary to accomplish said reimbursement. I will file a travel reimbursement voucher within 5 working days of the month end in which the travel occurred and will repay any travel advance previously paid to me from the approved travel expense reimbursement voucher. If I cease to be employed by the State of Colorado, I hereby authorize this advance to be reimbursed to the State by payroll deduction from any moneys or credits payable to me from the State of Colorado. I hereby ratify all that my said attorney-in-fact shall lawfully do or cause done hereunder.

(If you are a temporary or other employee (i.e., student), an authorized permanent employee must also sign for the responsibility of repayment of this travel advance.)

EMPLOYEE NAME:		**AUTHORIZED PERMANENT EMPLOYEE**	
EMPLOYEE SIGNATURE:			

ACCOUNTING USE ONLY								
FUND	AGY	ORG	APPR CODE	BS or PRGM	OBJECT CODE	GBL	REPT CAT	AMOUNT