



Employee Travel Advance

ROUTING

Are you using sponsored awards or gifts on this form?

- Yes - Route spa@nmsu.edu
 No - Route afr_approval@nmsu.edu

OR

For Aggie Service Center Units

[Enter a ticket in Aggie Service Desk](#)

INSTRUCTIONS: (1) Advance is available to regular faculty, regular staff, and graduate assistants.(2) Travel advances can be issued for trips up to 30 days long. For extended trips an advance may be requested every 30 days and the prior advance must be cleared. (3) Minimum amount that can be advanced is \$100. (4) Advance may not exceed 90% of estimated per diem or lodging plus meal allowance. (5) Payment may not be earlier than 5 days before departure date. (6) Complete all information on travel Advance Request. (7) Obtain authority signature. Follow routing options at top of form.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Traveler Name: _____ Aggie ID: _____ Phone: _____
 Prepared By: _____ Department: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

Starting Point:		Destination:	
Departure Date & Time:		Return Date & Time:	
Estimated Per Diem:	OR	Meal Allowance:	+
		Estimated Lodging:	
Total Estimated Cost:	X 90%	Maximum Advance:	

I _____, employee of New Mexico State University have requested \$ _____, for the purpose of conducting approved business travel. I understand that within ten (10) working days after completion of the above trip, a Travel Expense Report must be prepared and submitted to clear the advance. The entire travel advance amount must be deducted from the total trip reimbursement claimed on the Travel Expense Report. If the travel advance received exceeds the reimbursable expenses, I must contact the travel office for instructions on reimbursing NMSU. If I do not submit a Travel Expense Report within ninety (90) days after completion of the trip or immediately upon termination from NMSU, I authorize the amount of the advance to be deducted from my next available paycheck or any other payment I may receive from NMSU.

Traveler's Signature: _____ Date: _____

Index (FOPAL)	Fund	Account	Travel Encumbrance Number	Amount \$	P/F

SECTION 2: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____
 Principal Investigator Dean / VP / CC President Designee **OR** Dept Head/Dir Principal Investigator (PI)
Note: If payee is PI, Dept Head/Dir or above, payee's supervisor's signature is required

SECTION 3: REVIEW AND APPROVAL

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____

Reset