



Team Travel Advance

Document #

Are you using sponsored awards or gifts on this form?

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

AP
Phone 646-1189
Fax 646-1077

INSTRUCTIONS: (1) Advance is available to regular faculty, regular staff, and graduate assistants. (2) Payment may not be made earlier than 5 days before departure date. (3) Complete all information on Travel Advance Request. (4) Obtain Department Head and Dean/Director signature on original. (5) Retain one copy for your departmental files. (6) Scan form to AFR at afr_approval@nmsu.edu or SPA at spa@nmsu.edu.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Requestor: _____ Aggie ID: _____

Prepared By: _____ Phone: _____ Department: _____ Campus Box: _____

SECTION 2: REQUEST DETAILS

Starting Point:	Destination:		
Departure Date & Time:	Return Date & Time:		
Purpose of Trip:			
Estimated Lodging:	+	Meal Allowance:	+
		Estimated Baggage fees:	
Total Advance Amount:			

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 attach a personal check to the Travel Expense Report. 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.

Sponsor's Signature: _____ Date: _____

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

SECTION 3: REQUESTOR APPROVAL

Printed Name: _____ Signature: _____ Date: _____

- Principal Investigator
- Dean/VP/CC President
- Designee

SECTION 4: OFFICIAL APPROVAL

Fiscal Monitor Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____