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INSTRUCTIONS: USE THIS FORM FOR AUTHORIZING THE REIMBURSEMENT OF ACTUAL TRAVEL EXPENSES FOR A STUDENT GROUP OR TEAM AND REQUESTING AN ADVANCE. (1) Advance is available to regular faculty, regular staff, and graduate assistants. (2) Obtain authorized signature. (3) If a travel advance is required, payee is employee to receive advance. (4) If you need assistance in processing this form, see sections 5C.70 of the Business Office Procedures Manual or call the Travel Office at 646-1189.

**SECTION 1: REQUESTOR INFORMATION**

Date (mm/dd/yyyy): \_\_\_\_\_ Prepared By: \_\_\_\_\_ Preparer Phone: \_\_\_\_\_  
 Preparer Department: \_\_\_\_\_ Preparer E-mail Address: \_\_\_\_\_

**SECTION 2: REQUEST DETAILS**

Sponsor Aggie ID: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Sponsor Title: \_\_\_\_\_

Starting Point:	Destination:
Departure Date & Time:	Return Date & Time:
Purpose of Trip:	
Names of Travelers:	

**Estimated Cost of Trip - TRAVEL EXPENSE REPORT & RECEIPTS REQUIRED FOR REIMBURSEMENT**

	Amount	
	Advance Eligible	Other
Estimated Lodging:	\$	/
Estimated Cost of Meals:	\$	
Estimated Baggage fees:	\$	
Total Advance Eligible	\$	
Other Expenses to be Encumbered:		\$
		\$
		\$
Total Other		\$
Total Encumbrance		\$

**Funding and Encumbrance Detail**

Index (FOPAL)	Fund	Account	Amount \$
Total Encumbrance			

Department Default Index: \_\_\_\_\_  
 (This index will be charged if a Travel Expense Report to clear the advance is not processed.)

**Travel Advance Certification (advance payment will be made based on amount listed below)**

I \_\_\_\_\_, employee of New Mexico State University have requested \$ \_\_\_\_\_ (total advance), 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, 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.

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*See Page 2 for Approvals\*\***



# Student Group Travel Authorization & Advance Request (continued)

## SECTION 2: REQUEST APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator     Dean / VP / CC President     Designee    **OR**

**For Aggie Service Center Units**     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: \_\_\_\_\_