EASTERN OKLAHOMA STATE COLLEGE
STUDENT TRAVEL ADVANCE FORM

DATE LEAVING: _____ DATE RETURNING: _____

DESTINATION: _____

PURPOSE OF TRIP: _____

ACCOUNT# _____ ACCOUNT NAME: _____

Date Funds Needed:	**ITEMIZED PROJECTED EXPENSES:**	Estimates
	DRINKS FOR SACK LUNCHES (LIMIT $2.00/STUDENT/MEAL)>>>>	
	OR	
Number of Students Traveling:	**MEAL MONIES TO STUDENTS (will need signed roster)>>>>>>>>>**	
	(Breakfast-$5.00/STUDENT MAX)	
	(Lunch-$5.00/STUDENT MAX)	
	(Dinner-$8.00/STUDENT MAX)	
	NOTE: $18.00/DAY/STUDENT/ MAX	
	MOTEL >>>>>>>> >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
	OTHER: _____	
Attach Student Roster	**TOTAL OF FUNDS REQUESTED**	

REQUESTED BY: _____ DATE: _____

DEPARTMENT APPROVAL: _____ DATE: _____

VP OF BUS. AFFAIRS APPROVAL: _____ DATE: _____

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CREDIT CARD #: _____

AMOUNT: $ _____

NAME ON CARD: _____

Initials of Cashier: _____

My signature below verifies my receipt of these funds.
I understand that these funds are to be expended only on students for the approved activity.
I understand that within 3 business days of the return date stated above I am responsible to return to the Business Office any remaining monies plus receipts for the funds actually expended.

If I fail to do so, I understand that I will personally be held responsible for the repayment of total funds withdrawn or for any amount that is not accounted for from the funds that have been advanced to me.

_____
Signature of Recipient

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Monies Returned (Credit to Credit Card) $ _____ Date: _____

Total Receipts +

Total

Total Funds Advanced -
Refund Due Employee

_____
Signature of Cashier

Funds and/or receipts have not been received as required. Therefore, I authorize withholding of the recipient's wages for the amount of funds advanced.

Date: _____ _____
President / Vice President of Business Affairs