

TRAVEL ADVANCE/EXPENSE REPORT

PROJECT I.D.: _____ ATA# _____ Check if Foreign Travel

Name of Traveler: _____ UIN or RFID: _____

Mailing Address: _____

Street City State Zip

Purpose of Travel: _____

Departure Point: _____ Departure Date: _____

Destination: _____ Travel End Date: _____

(PART A) ADVANCE	ITEM	(PART B) TRAVEL EXPENSES – ATTACH ALL RECEIPTS
\$ _____	COMMON CARRIER	\$ _____ Receipt or Ticket Required
\$ _____	BAGGAGE	\$ _____ Receipts Attached
\$ _____	MILEAGE	\$ _____ mi @ _____ / mi
\$ _____	RENTAL CAR	\$ _____ Receipts Attached
\$ _____	GAS	\$ _____ Receipts Attached
\$ _____	LODGING	\$ _____ Hotel Receipts Attached
\$ _____	MEALS *	\$ _____ Per Diem <input type="checkbox"/> or Receipts <input type="checkbox"/>
\$ _____	TOLLS/PARKING	\$ _____ Receipts Attached
\$ _____	TAXI/BUS	\$ _____ Receipts Attached
\$ _____	REGISTRATIONS	\$ _____ Receipts Attached
\$ _____	OTHER EXPENSES	\$ _____ Receipts Attached
ADVANCE REQUESTED \$ _____		\$ _____ TOTAL TRAVEL EXPENSES
<input type="checkbox"/> Mail <input type="checkbox"/> HOLD for pick-up		<input type="checkbox"/> Mail <input type="checkbox"/> HOLD for pick-up

(PART C) TRAVEL SETTLEMENT SECTION			
TOTAL TRAVEL EXPENSES:	\$ _____	CHECK # _____	DATE: _____
TOTAL TRAVEL ADVANCES:	\$ _____	CHECK # _____	DATE: _____
BALANCE FOR SETTLEMENT:	\$ _____	CHECK #: _____	DATE: _____
DUE TRAVELER:	\$ _____	CHECK # _____	DATE REC'D: _____
DUE RESEARCH FOUNDATION:	\$ _____	CHECK # _____	DATE REC'D: _____

* MEALS ARE ALLOWED ONLY FOR TRAVELER, ENTERTAINMENT EXPENSE(S) ARE NOT ALLOWABLE COST(S). PER DIEM IS CALCULATED AT 75% ON FIRST AND LAST DAYS OF TRAVEL.

ADVANCE APPROVAL	SETTLEMENT
<p>The travel described above is certified by the undersigned as necessary for research performed under the above Grant/Contract/Project.</p>	<p>I certify that the above reimbursement is for articles or services needed and utilized in the performance of the referenced project(s) and actually paid by the undersigned. I further certify that no other source or repayment has or will be requested for these specific expense items.</p>
<p>_____ Signature of Traveler Date</p> <p style="text-align: center;">APPROVALS</p> <p>_____ Signature of Principal Investigator Date</p> <p>_____ Research Foundation Approval Date</p>	<p>_____ Signature of Traveler Date</p> <p style="text-align: center;">APPROVALS</p> <p>_____ Signature of Principal Investigator Date</p> <p>_____ Research Foundation Approval Date</p>

FORM INSTRUCTIONS:

This form should be used for requesting travel advances, reporting travel expenses and the settlement of these items. For a complete overview of the Travel Policy, go to: <https://researchfoundation.odu.edu/travel/>

1. **Travel Advance Requests** (Part A):

In the first column under (Part A) ADVANCE, indicate the amount you request for each item, plus the total advance requested. Obtain signatures required under ADVANCE APPROVAL and forward the entire form to the Research Foundation. The Foundation will retain a copy of the form and return the original to the traveler with the advance check.

The traveler completes Parts B and C upon return from the travel. Travel settlements or reimbursements are due no later than 10 days of completion of travel.

2. **Travel Expenses Report and Settlement** (Parts B and C):

Complete top of report if no advance was issued for Parts B and C. If an advance was provided, you must show expenses on the report which was returned to you. Obtain signatures required under Settlement and forward the entire form and supporting documentation to the Research Foundation. Any report which is forwarded without the required receipts will not be processed.

Return the completed expense report to the Research Foundation no later than 10 days from the completion of the travel. No new advance will be issued until all outstanding advances are settled. If you would like to retain a copy you will need to scan or copy.

Note: For local mileage reimbursement, a detailed log of date, destination and mileage is required to be attached to this report.