

# EEMB TRAVEL ADVANCE REQUEST

Faculty

Graduate Student

Staff

Other

Project Code: \_\_\_\_\_

Dept/Prog: \_\_\_\_\_

EEMB

IGPMS

OTHER

## PERSONAL INFORMATION:

(Please Print)

Name of Traveler: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Payment Method: Direct Deposit Check

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRAVEL INFORMATION:

Destination: \_\_\_\_\_ Dates of Trip : \_\_\_\_\_ to \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

## ANTICIPATED EXPENSES:

Airfare \_\_\_\_\_ Lodging \_\_\_\_\_ Taxi \_\_\_\_\_  
Rental Car \_\_\_\_\_ Parking \_\_\_\_\_ Gas \_\_\_\_\_  
Shuttle/ \_\_\_\_\_  
Airbus \_\_\_\_\_ Registration \_\_\_\_\_ Supplies \_\_\_\_\_  
Other \_\_\_\_\_ Please Explain: \_\_\_\_\_

Mileage (personal car only): \_\_\_\_\_ X \$0.56/mile = \_\_\_\_\_  
Number of Miles Mileage rate subject to change

Food Per Diem (# of Days) \_\_\_\_\_ OR Amount \_\_\_\_\_  
For foreign per diem rates call Andi Jorgensen 805-893-2427

Needed by: \_\_\_\_\_ Date \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

PLEASE ALLOW 5 WORKING DAYS FOR PROCESSING.  
BE SURE TO **SAVE ALL OF YOUR RECEIPTS!** APPROPRIATE RECEIPTS AND A TRAVEL WORKSHEET  
WILL NEED TO BE SUBMITTED AT THE END OF YOUR TRIP TO CLEAR OUT **THIS TRAVEL ADVANCE.**

**Please note: Advances cannot be issued more than 30 days prior to the beginning of your trip without receipts**  
(Reimbursements are treated differently, please ask Andi Jorgensen - andrea.jorgensen@lifesci.ucsb.edu)

Traveler's  
Signature \_\_\_\_\_

Funding Source: \_\_\_\_\_