UNB
EST. 1785
UNIVERSITY OF NEW BRUNSWICK

Employee Travel Advance Information | AMEX Corporate Card Manual | Travel Policy | Travel Expense Claim Form

Employee/Travel Advance

Please refer to information on Advances **before** completing this form.

ALL INFORMATION REQUESTED BELOW IS MANDATORY

EMPLOYEE INFORMATION

Last Name: ____________________ First Name and Initial: ____________________ *Please use given name

UNB ID#: ____________________ Email: ____________________

Phone#: ____________________ Department: ____________________

PLEASE PROVIDE THE FOLLOWING DETAILS ABOUT YOUR TRAVEL PLANS

Date Leaving: ____________________ Date Returning: ____________________

Destination: ____________________

Purpose of Trip: ____________________

Requests for an advance must be received by Financial Services 10 business days prior to the start of the trip.
The advanced funds will be paid by Direct Deposit.
Advance requests which do not meet the Travel Policy requirements, have missing information and/or received too late may not be processed.

PREPAID EXPENSES:

Airfare: ____________________ (Include a copy of original ticket or e-ticket with appropriate proof of payment)

Registration: ____________________ (Include a completed registration form with appropriate proof of payment)

Do you have an American Express Corporate Card? ☐ Yes ☐ No

Cash advances are available from the Corporate AMEX card. Please refer to the AMEX Corporate Card Manual.

ESTIMATED EXPENSES (PLEASE BE SPECIFIC):

*Travel advances for items such as meals and accomodations will **not be issued** to AMEX Corporate Card holders or to employees who are frequent travellers who have chosen to not participate in the Corporate Card Program.*

____________________ Amount: ____________________

____________________ Amount: ____________________

TOTAL TRAVEL ADVANCE REQUESTED: ____________________ **Date Required:** ____________________

When claim is filed, expenses will be charged to this Account #:

APPROVAL

Approval (Print Name): ____________________ Date: ____________________
(Head, Chairperson, Grantee, VP, President)

Approval (Signature): ____________________ Date: ____________________
(Head, Chairperson, Grantee, VP, President)

Refer to the Travel Policy for approval and signing authority information

A Travel Expense Claim Form must be submitted to clear your advance 20 WORKING DAYS following the completion of your trip.

No further travel advances will be issued until the outstanding travel advance is cleared, and the University may recover the advance through Payroll deductions.

FINANCIAL SERVICES USE ONLY			
A/P	BUDGET	RES. FUNDS	PEA