

Request for Travel Advance – Individual (Faculty, Staff or Student)

Custodian:							
 Faculty/Staff 	• Student						
• Name							
• Department Name			Complete Mailing Address				
l hereby rec	quest a travel advo	ance fui	nd in the a	mount of	•		
Travel Authorization			n (TA) #:	•		Date:	•
Specific Purpose	of Travel Advance (Rai	tionale ar	nd Explanatio	n of Disbursemen	t)		
	ff and Student, advan a TA custodian for the (dging lines on yo	our TA. If multiple students are
of this travel ac University of Sou the cash balance payroll check/deg University. I als advance at the B	dvance, I agree to k uth Carolina any una e when it is due for posit(s); for students, I	eep all ccounted faculty/s acknow original ride Gene	cash under I funds. If fo staff, I author vledge that th receipts for eral Accounti	lock and key. r any reason I rize the Payroll ne Bursar's Offic all cash used. ng with the orig	understand the fail to provide Department to e will place the I will deposit i nal cash receipt	at I am respons proper document deduct the outst amount owed o in cash any unu of deposit as a p	
Signature of Custo	dian						Date
	aian						Dale
Accounting:							
USC Chartfields	:				10206		
For Grants or Pi	Operating U rojects:	nit Do	epartment	Fund Code	Account	Class Field	
	PC Business	Unit	Project	Ac	tivity		
Dean or De	partment Chair	Appro	oval:				
• Name							
• Phone			Email				
- Thone							
L		I					
C' 1 (D							
Signature of Dean	or Department Chair						Date

Signature of General Accounting

Date