



# Travel Advance & Prepaid Expense Report

Procurement Services

3201 Arch Street, Suite 400 (215) 895-2876

Please type or print legibly. <b>Employee name:</b>		<b>Employee ID:</b> (Do not use Social Security Number.)	
<b>Home address 1:</b>		<b>Department:</b>	
<b>Home address 2:</b>		<b>Telephone:</b>	
<b>City:</b>	<b>State:</b>	<b>Destination and Date:</b>	
<b>** Advances will be direct deposit to employee.</b>			
<b>Business purpose of expense</b> (Attach copies of registration materials, hotel reservations, etc.):			

Will any expenses be paid by a 3rd party sponsor?                  Yes                  No

		Internal Use Only			
Vendor Information		Vendor #	SEQ#	Date Needed	Amount
A	Vendor				
	Address				
B	Vendor				
	Address				
C	Vendor				
	Address				
D	Travel Advance (payable to employee above)				
<b>Total Prepaid Expenses</b> (Attach appropriate documents.)					

Cost Center Title	Fund	Org	Acct.	Actv.	Amount
<b>Total</b> (Must equal total expenses above.)					

I certify that this report is a true and accurate accounting of payments required in advance in connection with authorized University business. If funded by a grant or contract, I further certify that the expenses comply with the applicable cost principles and regulations of the sponsoring entity.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approvals	Name (print)	Signature	Date
Traveler's Supervisor			
Authorized Signer (Other than supervisor)			
Preparer (If other than traveler)			