Print Reset

PRAIRIE VIEW A&M RESEARCH FOUNDATION
TRAVEL ADVANCE REQUEST

TRAVELER:_____ TO BE CHARGED TO ACCOUNT:_____

TAMUS UNIVERSAL ID NUMBER (UIN):_____ NON TAMUS SSN:_____

TITLE:_____ PHONE:_____

EMAIL ADDRESS:_____

DEPARTMENT ADDRESS:_____

HOME ADDRESS:_____

STREET APT # CITY STATE ZIP

DATES OF TRAVEL: From _____ To _____

DESTINATION:_____

PURPOSE OF TRIP:_____

All travel advance funds are subject to the terms of the Texas A&M Research Foundation Travel Policy. By requesting a travel advance, the traveler agrees to comply with and be bound by the Travel Policy.

ESTIMATED EXPENSES:

Transportation
Mode:_____ $_____

Lodging and Meals $_____

Other Travel $_____

TOTAL ESTIMATED EXPENSES $ 0.00

ADVANCE AMOUNT REQUESTED $_____

DATE ADVANCE IS NEEDED* _____

☐ Will Pick Up

☐ Please Mail

☐ Department Address

☐ Home Address

I agree to submit my expense account and to return an unspent advanced funds within the time periods established in the TAMRF Travel Policy. I certify that these advanced funds will be spent for travel related expenses in accordance with the provisions and guidelines for the account listed above.

I certify that the advanced funds will be used for travel related expenses incurred in the conduct of research or other sponsored activities in accordance with the provisions and guidelines for the account listed above.

_____
Travelers signature

_____
Principal Investigator Signature
(May not be signed by traveler unless traveler is the PI.)

Check all that apply:

☐ I am an employee of TAMUS

☐ I am a student of TAMUS

☐ U.S. Citizen or Resident Alien

☐ Non U.S. Citizen

_____
TAMRF Research Administrator

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*Request must be received at Research Foundation at least four (4) working days in advance of date check is needed. Disbursement will not normally be made more than thiry (30) days prior to the date of departure.