



Michigan Technological University

Accounting Services

Third Floor Lakeshore Center

1400 Townsend Drive

Houghton, MI 49931-1295

906/487-2373 Fax 906/487-2119

Request for Advance of Funds

Name of Traveler: _____

MTU ID Number: _____

Department _____

If the traveler is not an MTU employee, please check this box.

TYPE OF ADVANCE BEING REQUESTED



Cash Advance

OR:



Airline Ticket (Superior Travel Only)

DESTINATION: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

INDEX TO BE CHARGED: _____

PURPOSE OF TRAVEL:

BENEFITS DERIVED TO THE UNIVERSITY FROM TRAVEL:

In consideration and certification of the advance funds, I will submit an employee travel expense voucher and repay any unexpended funds within ten (10) days of my return unless otherwise authorized in writing by the controller. I hereby certify that the advances requested are for reimbursable expenses expected to be incurred on university business in accordance with university policies and procedures and not to be reimbursed by any third party. **If repayment is not made within the allotted time, funds may be deducted from a future paycheck.**

Date: _____

Signature: _____

APPROVED BY: (Department Chair or higher)

Date: _____

Signature: _____

Printed Name: _____