



### TRAVEL ADVANCE REQUEST

University Hall 360  
Phone: (818) 677-2945  
Fax: (818) 677-4581  
Mail Code: 8202

Traveler's Name: \_\_\_\_\_ CSUN ID: \_\_\_\_\_ Requisition No: \_\_\_\_\_

Department Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Destination: \_\_\_\_\_

**THE FOLLOWING ITEMS ARE REQUESTED:** *Checks should not be requested for less than \$100.00.*

75% Meal Allowance	100% Registration Fee		
Make Check Payable to: _____		Amount: \$ _____	Due Date: _____
Make Check Payable to: _____		Amount: \$ _____	Due Date: _____
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Make Check Payable to: _____		Amount: \$ _____	Due Date: _____
Make Check Payable to: _____		Amount: \$ _____	Due Date: _____

***In order to process a travel advance payment, an Approval of Travel Request form must be on file with the CSUN Travel Department.***

Please notify \_\_\_\_\_ when the check(s) is/are ready at Ext. \_\_\_\_\_

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University, Northridge procedures and that all items shown are for official business of the University.

I understand that this is an advance and that upon my return; I will submit a Travel Expense Claim form.

**Traveler's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Approver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Travel Arranger:** \_\_\_\_\_ **Ext:** \_\_\_\_\_