



Piedmont Virginia Community College

Travel Advance Request

Name: _____

SSN: _____

Address: _____

Destination: _____

Date(s) of Travel: _____

Date Advance Required: _____

Reason for Travel: _____

Estimated Expenses:

Meals _____ Lodging _____ Total Request _____

Requestor: _____ Date: _____

VP Approval: _____ Date: _____

I will repay the advance within 30 days of receipt of the advance or when I have been reimbursed, if sooner. I understand and agree that this advance must be repaid by the due date or disciplinary action may be taken.

Due Date: _____ Signed: _____

Date: _____

Witnessed: _____

Date: _____

Business Office Use Only

Check # _____ Check Date _____

Amount _____ Charge Code 40342-ND-11309