

Advance Request

Date Cheque required (DD-MMM-YY)

Please allow 10 business days for processing.

- Expense Reports must be filed with Financial Services within **14 days** from return date, accompanied by original receipts.

Cheque Payable to: (Claimant's Name)	Banner ID (A#) (Required)	Department	Phone
Destination (City & Country) / Event	Mailing Address & Postal Code (for external mailing only)		
Depart / Event (DD-MMM-YY)	Return / Event (DD-MMM-YY)	EMAIL	
Purpose			

Amount	
Transportation	\$ _____
Accommodation	_____
Meals	_____
Registration	_____
Others (Specify)	_____
Total	\$ _____
Portion to be paid by the University	\$ _____

Third Party Recovery			
No	Yes	Amount	Funding Organization

Comments

Accounting Information ***Account number **73550** - for Faculty Travel covered under the SMUFU Collective Agreement.
 ***Account number **78699** - for all other Travel.

Fund (6)	Org (4)	Account (5)	Program (4)	Amount \$
Total				\$ _____

Claimant Certification		
Claimant (Print)	Claimant (Signature)	Date (DD-MMM-YY)

Authorization		
Dean / Department Head (Print)	Dean / Department Head (Signature)	Date (DD-MMM-YY)
Other (Print)	Other (Signature)	Date

Financial Services Only			
Financial Services (Approval)	Date	Reference # (mmmdyy)	
		A	
Processing Date August 2007	In Process Distribution:	Complete Financial Services	Document # - Original Department - Retain copies as required