



Boston College TRAVEL ADVANCE
 (Refer to the BC Travel Policy and Instructions before completing)

Travel Advance #

Employee's Full Name (Middle Initial):
 Department:
 Extension:

Business Purpose of Expense:

Employee ID:
 Originator: Extension:
 Conference/Function Name

Justification for Amount Requested

PART 1: TRANSPORTATION

Date(s)	Transportation Type	From and To City/State/Country	Amount

TOTAL Transportation Expenses Subtotal 1

PART 2: TRAVEL EXPENSES

Date(s)	Description of Expense	Amount

TOTAL Travel Expenses Subtotal 2

Certification: I certify that the advance requested above will be used for authorized purposes only.

_____/_____/_____
 Signature of Employee

_____/_____/_____
 Authorized Approval

TOTAL ADVANCE REQUEST

PART 3: CHARTSTRING

Distribution	Dept	Fund	Fund Source	Program	Function	Property
%						
%						

If funded by a grant or capital project please include the following values:

Distribution	Project	PC Bus Unit	Activity	Res Type	Category	Sub-Cat
%						
%						

Attn Supervisors: Be sure account information and descriptions are filled in before signing travel report.