

**MISSISSIPPI STATE UNIVERSITY  
TRAVEL ADVANCE REQUEST**

Travel Authorization # \_\_\_\_\_ MSU ID # \_\_\_\_\_  
(From MSU Form A-03 or A-04)

Traveler's Name \_\_\_\_\_

Department Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates of Travel From \_\_\_\_\_ To \_\_\_\_\_

**Estimated Out-of-Pocket Expenses**

<b>1</b>	<b>Airfare (Paid by Traveler)</b>			=	\$	_____
	Daily Meal		\$ Allowance			
<b>2</b>	Allowance	# Days	Per Day	\$		_____
			\$ Allowance			
<b>3</b>	Lodging	# Nights	Per Night	\$		_____
<b>4</b>	<b>Registration (Paid by Traveler)</b>			=	\$	_____
	Rental Car		\$ Allowance			
<b>5</b>	Daily Allowance	# Days	Per Day	\$		_____
<b>6</b>	<b>Other</b>			=	\$	_____
	<b>Total of Estimated Expenses</b>				\$	_____
	<b>Amount of Advance Requested</b>				\$	_____

I am accepting a travel advance for the out-of-state travel approved by this request. I understand that I must submit a completed Travel Authorization and Reimbursement Form (MSU Form A-03) within ten business days after the ending date of my travel. I further understand that if the travel advance is not cleared within 10 days after the end of the month in which the travel was completed, *the advance amount will be deducted from my payroll check.*

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

Department Head/  
Next Higher Administrator \_\_\_\_\_ Date \_\_\_\_\_

In order for the Travel Office to better expedite your requests for an advance, please submit this form completed with the original travel voucher approved through section C. You can mail the necessary information to Mail Stop 9719 or come by our location at 640 McArthur Hall. If you have any questions, please call 325-8817.