AG-809 (S*/201()

Texas A&M AgriLife
Administrative Services – Disbursements/Travel

TEXAS A&M
AGRILIFE

Travel Advance Request
(Available for Texas A&M AgriLife Research funding only)

Dept/Unit/District: _____ Date: _____ Request Number: _____

Cash advance request created in Concur? Yes [ ] No [ ]

Concur Vtcxgn'request id #: _____

From: _____ To _____
Travel Dates (including travel time)

Destination: From: _____ To _____
            City   State   City   State

Counties Visited (if applicable)*: _____
       * County required for out of state travel

Purpose of Travel: _____
_____

EXPENSE TO BE CHARGED TO:

Account Name: _____ Account No: _____

Estimated Expenses: $ _____ Project No/Support Account: _____

Advance Requested: $ _____ Date Requested: _____
                                                   *Required if check is needed prior to dates listed below

Justification for Advance Request: _____
_____

ACH Delivery: Approximately 3-5 days prior to departure indicated above

Name: _____ UIN: _____
       Print or Type   Required

Signature: _____ Title: _____

APPROVED: _____ APPROVED: _____
      Department Head's Signature   Director's Signature

Dept Account: _____ - _____ (Required before advance will be approved. This account will be charged
       SL Account   Support Acct/Project   if the advance is not reimbursed according to the established policy.)

CONTACT NAME: _____ PHONE NUMBER: _____

AgriLife Disbursements Use Only

Concur Administrator issue advance in Concur: _____

Advance entered in FAMIS"%xqwej gt'pwo dgt lf cvg⸬ _____