

REQUEST FOR TRAVEL ADVANCE AND TRAVEL VOUCHER

DATE: _____

DEPARTMENT NAME: _____
EXPENSE ACCOUNT #: _____

.. IS A REGISTRATION FEE REQUIRED? IF YES, ATTACH A CHECK REQUEST AND SPECIFY AMOUNT OF FEE \$ _____
.. IS A TRAVEL ADVANCE REQUIRED? IF YES, ATTACH A CHECK REQUEST AND SPECIFY AMOUNT REQUIRED \$ _____

CASH ADVANCES WILL BE ISSUED ONE WEEK PRIOR TO THE TRIP

NAME OF TRAVELER (PLEASE PRINT): _____

CONFERENCE/SEMINAR DATES: _____

DEPARTURE DATE: _____

RETURN DATE: _____

DESTINATION: _____

RECONCILIATION OF TRAVEL VOUCHER AND ADVANCE

MODE OF TRANSPORTATION: _____

COMMON CARRIER NAME: _____

AUTO MILEAGE (# OF MILES @ _____ PER MILE)

TAXIS, BUSES, LIMOUSINES TO AND FROM THE AIRPORT

TOTAL TRANSPORTATION COST (A) \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

MISCELLANEOUS COST

REGISTRATION FEE (IF APPLICABLE)

MEALS (attach original receipts - include tips)

HOTEL (attach original bills and the designated portion to be reimbursed)

OTHER COSTS

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL OTHER COST (B) \$ _____

TOTAL COST OF TRIP (A+B) \$ _____

DEDUCT THE

AMOUNT YOU RECEIVED FROM THE HOSPITAL (REGISTRATION FEE AND/OR TRAVEL ADVANCE

IF THE TOTAL COST OF THE TRIP (A + B) IS MORE THAN C, AMOUNT DUE TO TRAVELER

IF THE TOTAL COST OF THE TRIP (A + B) IS LESS THAN C, AMOUNT DUE TO THE HOSPITAL

MAKE CHECK PAYABLE TO BLHC AND SEND IT TO THE CONTROLLER WITH THIS FORM

PRINT NAME: _____

APPROVED BY: ADMINISTRATOR _____

SIGNATURE: _____

VICE PRESIDENT/CONTROLLER: _____

.. ALL ORIGINAL SUPPORT DOCUMENTS MUST BE ATTACHED TO THIS TRAVEL VOUCHER AND SUBMITTED WITHIN TEN (10) WORKING DAYS UPON COMPLETION OF THE TRIP. IF I DO NOT COMPLY WITH THIS PROCEDURE, ANY TRAVEL ADVANCE I RECEIVED WILL BE DEDUCTED FROM MY PAYROLL CHECK, AS EVIDENCED BY MY SIGNATURE BELOW.

SIGNATURE OF TRAVELER: _____