

RUCD HEAD START ADVANCE AND FINAL TRAVEL REQUEST

NAME: _____ POSITION: _____ CENTER: _____

In-Area Travel _____ Out-Of-RUCD-Area Travel _____

Description and Purpose of Travel: _____

Travel Began On: Date: _____ Time: _____ AM PM

Travel Ended On: Date: _____ Time: _____ AM PM

ADVANCE, REIMBURSEMENTS & FINAL REPORT

	Advance	Final
Meal Allowance	_____	_____
*Lodging - Number of Nights _____ @ _____ per night	_____	_____
Transportation Costs:		
Private Auto - # Miles _____ @ _____ per mile.....	_____	_____
*Cab Fare _____ *Airport Parking _____ per day	_____	_____
*Staff Car Expenses	_____	_____
*Other	_____	_____
*Misc. Expenses	_____	_____
*Please Give Explanation(s) and Description of Expenses: _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES (All *Items must have receipts in compliance with procedures)	_____	_____
LESS ADVANCE	_____	_____
DUE/OR RETURN	_____	_____

I certify that all entries specified in this report are true, and that all travel arrangements and expenditures are in accordance with Government Travel Regulations and the appropriate RUCD Policies and Procedures.

Signature of Person Requesting Authorization and Reimbursement:

X _____ Date: _____

Code:	Approval By Authorized Personnel:	Date:
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