

TOWN OF HOPE MILLS
TRAVEL AUTHORIZATION AND CASH ADVANCE REQUEST
TO BE COMPLETED AND SUBMITTED AT LEAST 5 DAYS PRIOR TO TRAVEL

Date of This Request		Budget Account No.	
Employee Name		Title	Department
Destination		Travel Date(s)	
		From: Month Day Year	To: Month Day Year
Total Estimated Expense		Funds Requested in Advance	
\$ _____ Registration	\$ _____ Transportation	_____ Yes _____ No	
\$ _____ Lodging	\$ _____		
\$ _____ Meals	\$ _____ Total	Amount _____	
Purpose of Travel			
Are Funds Included in Current Budget for This Travel ?		Mode of Transportation	
_____ Yes _____ No		___ Town - Owned Vehicle	
		___ Private Vehicle	
Overnight Accommodations Required ?		___ Air	
_____ Yes _____ No		___ Other _____	
Name of Hotel / Motel _____			
Government Discount _____ Yes _____ No			
Rate Per Night / Persc \$ _____		\$ _____ Cost	
Comments, Reviews :			

Approved : _____
 Department Head Date

Approved : _____
 Town Manager Date

Appropriation Available

Finance Director Date

If settlement has not been made on the above advance within 15 days after completion of travel, I authorize the above amount to be deducted from my next paycheck.

Signed : _____
 Signature of Traveler Date