

## USNH Pre-Approval/Advance Form

**Travel Advance**  
  **Non-travel**  
  **Pre-Approval**

Advance #:

### Employee/Trip Information

**Date: 1/17/2019**

<u>Name:</u>		<u>Position/Title</u>	
<u>Department:</u>		<u>Phone:</u>	
<u>Depart Date:</u>		<u>Return Date:</u>	
<u>Destination:</u>			
<u>Project/Grant:</u>			
<u>Bus. Purpose:</u>			
<u>Travel Category:</u>		<u>USNH ID #</u>	
Comments on Travel Category		<u>Address</u>	
<u>Travel Means:</u>		If by car, others in vehicle:	

### Estimated Expenses

<u>Expense</u>	<u>Amount</u>	<u>Description/Comments</u>
Transportation	\$0.00	
Lodging		
Meals		
Registration		
Other		
<b>Total</b>	<b>\$0.00</b>	

If you know the source(s) of funding for your travel please enter it here.  
 If you do not know your source(s) of funding, please leave section blank.

FUND	ORG	ACCOUNT	PROG	ACTIVITY	LOCATION	AMOUNT
<b>TOTAL</b>						<b>\$0.00</b>
						<u>Undistributed</u>
						\$0.00

### Advance

Amount Requested

I hereby authorize deductions from my paycheck to satisfy the payment of this advance or any unsubstantiated amounts.

Disbursement of Advance  
  Check  
  Direct Deposit

\_\_\_\_\_  
 Traveler/Payee Date

### Approvals/Signatures

\_\_\_\_\_  
 Dean, Director or Dept. Head

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office of Sponsored Research (If applicable)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized BSC Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Travel Coordinator/Center

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Disbursements Manager

\_\_\_\_\_  
 Date

Fund: 9U0000 Account: 112053--Travel
Fund: 9U0000 Account: 112055--Non-travel