

TRAVEL ADVANCE REQUEST

TO: Working Fund
Division of General Accounting
201 W. Preston Street

OUT OF STATE REQUEST # _____

ADVANCE NEEDED BY: _____

FROM: _____

FISCAL APPROVAL: _____

PCA: _____ INDEX: _____

Employee's Name: _____ MDH - Regular Employee ___ Special Pymts Employee ___

Home Address: _____ City: _____ State: _____ Zip: _____

Employee Office Location: _____ Office phone number: _____

Supervisor's Name: _____ Office phone number: _____

Travel Destination: _____ Date of Travel: FROM _____ THROUGH _____

Purpose: _____

DETAIL OF TRAVEL ADVANCE REQUEST:

MEAL Number of days _____ X rate allowed _____ = TOTAL _____

LODGING Number of days _____ X rate charged _____ = TOTAL _____

OTHER Parking, taxi, etc. TOTAL _____

REGISTRATION*** Attach original application form) TOTAL _____

TOTAL OF TRAVEL ADVANCE REQUEST \$ _____

*** Registrations requests over \$100.00 must be submitted on a Registration Request Form.

PLEASE READ BEFORE SIGNING

I acknowledge, in accepting this temporary advance, that I MUST SUBMIT TO THE DIVISION OF GENERAL ACCOUNTING (DGA) MY EXPENSE ACCOUNT WITHIN FIVE (5) CALENDAR DAYS AFTER THE COMPLETION OF THE TRIP, with all receipts attached, along with any unused funds. **for the expense I have requested a Travel Advance.** If General Accounting does not receive the above within five (5) days, they will request Human Resources to capture your payroll check to settle the advance. DGA will also request Human Resources to capture my payroll check to settle any balance due after receipt and audit of my Expense Account. I will receive one (1) notice from DGA prior to this capture, giving me an opportunity to explain why the capture should not proceed. My failure to respond timely to the notice shall constitute a waiver of my right to be heard. If I do request a hearing, DGA will provide me with its determination in writing after I have been heard.

I certify that I am a current regular payroll/special payroll employee of the Maryland Department of Health

I HAVE READ AND UNDERSTAND THIS AGREEMENT

Employee Signature

Date

General Acctg Use WFRReview _____ Travel Approved _____ Check No _____ Amount _____