Texas A&M University-Kingsville

Cash Advance ITINERARY

Submit with Departmental Requisition, Agenda/Schedule, & List of Students with K#s, at least 10 days BEFORE Departure Date

Employee: _____ **Department:** _____

Event: _____ **City / State:** _____

Departure Date: _____ **Time:** _____

Return Date: _____ **Time:** _____

Intended Cash Pick-up Date: _____ **Time:** _____

Breakdown of Anticipated Cash Expenses:

Travel Card should be used for most expenses

MEALS:

# of Students ____ x Cost / Day _____ x # of Days ____ _____

LODGING:

# of Rooms ____ x Cost / Night _____ x # of Nights ____ _____

RENTAL OF VEHICLE:

# of Vehicles ____ x Cost / Day _____ x # of Days ____ _____

ESTIMATED COST OF GASOLINE: >>>>>>>>>>>>>>>>>>>>>>>> _____

ESTIMATED COST OF PARKING: >>>>>>>>>>>>>>>>>>>>>>>> _____

OTHER EXPENSES (Please List):

_____ _____

_____ _____

_____ _____

TOTAL AMOUNT REQUESTED: _____

Name of Lodging _____

City / State _____ **Lodging Phone #** _____

Employee Contact #s _____

_____ _____

Employee Signature *Date*

_____ _____

Department Head Signature *Date*

Revised 12/2020