



Travel Advance & Prepaid Expense Report

Accounts Payable Department

3201 Arch Street, Suite 400 (215) 895-1462

Please type or print legibly. Employee name:			Employee ID: (Do not use Social Security Number.)		
Home address 1:			Department:		
Home address 2:			Telephone:		
City:		State:	Zip:		Destination and Date:
** Advances will be mailed to the employee's home address. Other distributions by arrangement only.					
Business purpose of expense (Attach copies of registration materials, hotel reservations, etc.):					

Will any expenses be paid by a 3rd party sponsor? Yes No

Vendor Information		Internal Use Only			
		Vendor #	SEQ#	Date Needed	Amount
A	Vendor				
	Address				
B	Vendor				
	Address				
C	Vendor				
	Address				
D	Travel Advance (payable to employee above)				
** Advances are available only 7 days before departure.					Total Prepaid Expenses (Attach appropriate documents.)

Cost Center Title	Fund	Org	Acct.	Actv.	Amount
Total (Must equal total expenses above.)					

I certify that this report is a true and accurate accounting of payments required in advance in connection with authorized University business. If funded by a grant or contract, I further certify that the expenses comply with the applicable cost principles and regulations of the sponsoring entity.

Employee Signature _____ Date _____

Approvals	Name (print)	Signature	Date
Traveler's Supervisor			
Authorized Signer (Other than supervisor)			
Research Approval (Required for grants/contracts)			