Clear Form

☐ RECEIVED CASH ADVANCE FROM BUSINESS OFFICE

☐ CALL WHEN CHECK IS READY EXT: _____

☐ SEND EMAIL MESSAGE WHEN READY EMAIL ADDRESS: _____

☐ SEND CHECK VIA COLLEGE MAIL TO: _____

☐ CHECK IF YOU DON'T WANT DIRECT DEPOSIT

VENDOR # _____ DOCUMENT # _____

Swarthmore College
Travel Reimbursement Form

NAME _____

ADDRESS _____

DATE OF TRIP: _____ PURPOSE OF TRIP: _____

Date	Description	Fund	Org	Actv	Travel 7201	Lodging 7202	Meals 7203	Reg 7204	Ent 7205	Misc. 7206	Other	Total
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
				Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
										7207-Advance Amount		
										Total Due		0.00

Date _____ Signature _____ Approved Date _____ Approved Signature _____

TRAVEL ADVANCES MUST BE ACCOUNTED FOR WITHIN 10 DAYS AFTER COMPLETION OF TRIP.