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| --- | --- |
|  | **TRAVEL ADVANCE REQUEST** |

#### Field Office:       Date:

#### Employee Requesting Advance (print name of traveller):

###### Employee Signature:

**Dates of Travel Assignment:**

**Purpose of Trip (Including Destination):**

**Estimated Expenses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense**  | **Description** | **Number of Days** | **Daily Rate** | **Extended Amount** |
| Per Diem |       |       |       |       |
| Hotel  |       |       |       |       |
| Transport Fares |       |       |       |       |
| Fuel |       |       |       |       |
| Telephone |       |       |       |       |
| Other – describe |       |       |       |       |
| Total |  |       |       |       |

**Business Unit to be Charged:**

**Amount Requested (indicate currency):**

###### Approved by:       Date:

**Policy Statement:** No Travel Advances may be issued to an employee if all prior advances have not been liquidated. All Travel Advances must be liquidated by the employee within five (5) business days of the employee’s return from the approved trip. Travel Advances are to be used for business purposes only. CRS reserves the right to deduct outstanding travel advances from salary amounts due the employee in the event of excessive reporting delinquencies by the employee or the employee’s termination, whether voluntary or involuntary.

TO BE COMPLETED BY THE FINANCE DEPARTMENT

**Employee Number (T4 Code):**       **International Personnel** **Number (T5 Code):**

Account Number Charged:

Travel Advance Liquidation Verified by:       Date: