



Travel advances generally are restricted to Cornell faculty, staff members, and students. Expenses related to visitors should be charged directly to operating accounts.

Because direct payment or corporate card is available for most travel expenses, travel advances will be limited to those expenses for which a traveler is expected to endure a hardship for out-of-pocket expenses while on travel, and expenses that could not have been paid for by direct payment or a Cornell corporate card.

Part I: Payee and Trip Information

Payee Name \_\_\_\_\_ Cornell NetID \_\_\_\_\_ Department \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Destination \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

If the payee has enrolled in [Accounts Payable Direct Deposit](#), this advance will be processed as a direct deposit. If the payee is not on direct deposit, indicate below the address to which the check should be sent.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Part II: Estimated Expense Calculations

Expenses	# of Days	X	Rate* (\$)	=	Totals
Meals		X		=	
Lodging		X		=	
Transportation (train, bus, rental car, plane, taxi, etc.)					
Miscellaneous expenses					
<b>Total cash advance requested</b>					

Special Circumstances Affecting Expenses:

Empty box for special circumstances

\*Note: Per diem is 75% of the daily rate on the first and last days of travel.

- [Domestic Per Diem Rates](#)
- [Foreign Per Diem Rates](#)

Part III: Account Information and Repayment Agreement

Total Advance Requested (from Part II) \_\_\_\_\_

Account Distribution

	Account	Sub-Account	Object	Sub-Object	Project	Org Ref ID
Account:						
Source of Repayment:						

I agree that, within 30 days of my return from the trip identified above, I will submit my receipts and other documentation of business expenses to clear the advance and/or repay any excess. In the event I fail to comply, I hereby authorize deduction of the amount of this advance from my salary.

Signature of Payee \_\_\_\_\_

Date \_\_\_\_\_

Unit Authorization (if required by unit): Signature: \_\_\_\_\_ Date \_\_\_\_\_