

**ASB FUND**

**REQUEST FOR ADVANCED TRAVEL EXPENSE**

Name of Applicant \_\_\_\_\_ Date Requested \_\_\_\_\_  
Reason for Request \_\_\_\_\_ ASB Account \_\_\_\_\_  
Location of Activity \_\_\_\_\_ ASB Account Code \_\_\_\_\_  
Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

**ANTICIPATED EXPENSES**

**Registration Fee** Advance Amount Requested

\_\_\_\_\_ People attending x \$\_\_\_\_\_ Fee per person = \$ \_\_\_\_\_

**Meals**

\_\_\_\_\_ People attending x \_\_\_\_\_ Meals per person x \$\_\_\_\_\_ cost per meal = \$ \_\_\_\_\_

**Lodging**

\_\_\_\_\_ People attending x \$\_\_\_\_\_ Rate per person x \$\_\_\_\_\_ # days attending = \$ \_\_\_\_\_

**Travel**

\$\_\_\_\_\_ Rate per mile x \_\_\_\_\_ Total Miles x \_\_\_\_\_ # vehicles = \$ \_\_\_\_\_

**Other expenses: please be specific**

\_\_\_\_\_ = \$ \_\_\_\_\_

**Total Advance Travel Amount Requested** \$ \_\_\_\_\_

**ALL SIGNATURES MUST BE PROVIDED BEFORE ADVANCED WILL BE ISSUED**

\_\_\_\_\_  
ASB Business Manager

\_\_\_\_\_  
ASB Secretary/Bookkeeper

\_\_\_\_\_  
Activity Advisor

\_\_\_\_\_  
Primary Advisor

BUSINESS OFFICE USE ONLY	BUSINESS OFFICE ONLY
Check Number	Travel Advance Amount
Amount of Check	Expenditures
Date Issued	Amount Due District/Claimant
	Date Received