Student Activity Travel Advance

(Note: If activity is out of state, “Request for Out of State Travel” form must be filed in advance)

Issued to: __________________________________________, A# ______________________________ (please include A#)

Destination(s): ____________________________________________________________

Purpose of Trip: ____________________________________________________________

Departure Date: (advance will be paid 7-10 days prior) ______________________________

Amount of Advance Requested $ ______________________________

Form of Payment Requested [ ] Check [ ] Direct Deposit

Account to be Charged __________________________________________

Requested by ____________________________

(printed) (signed)

Authorized by ____________________________

(printed) (signed)

To Be Completed Within 30 Days of Return:

Date of Departure ____________________________

Time ________AM ________PM

Date of Return ____________________________

Time ________AM ________PM

Advance Received (from above) $ ______________________________

Less: Expenses (attach receipts) ______________________________

Balance due to [ ] SDSM&T (if positive) [ ] Payee (if negative) $ ______________________________

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

PAYEE SIGNATURE: __________________________________________
AUTHORIZING SIGNATURE: __________________________________________

(Rev 12-04-15)