

**GEORGIA TECH RESEARCH CORPORATION (GTRC)  
REQUEST FOR TRAVEL ADVANCE**

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Please email this request form, as well as a copy of the Travel Authority,  
to: [GTRC.Travel@gtrc.gatech.edu](mailto:GTRC.Travel@gtrc.gatech.edu).

Accounts Payable @ 505 Tenth Street NW, Atlanta, GA 30332 MC 0415  
Telephone: (404) 894-7043 Fax: (404) 385-2078

Name and Title of Person Requesting Advance: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\*Undergraduates and temporary employees are not covered under this program.

Date: \_\_\_\_\_ School or Lab: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Georgia Tech Research Related Purpose of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Trip Completion Date: \_\_\_\_\_ **Repayment of this advance is due to GTRC within 15 working days of trip completion date or immediately upon reimbursement, whichever occurs first.**

Total \$ Amount Requested by Traveler: \_\_\_\_\_

Airfare can be charged directly to an Institute account through Travel Inc.

See Procedure 6.6 - Air Transportation: <http://www.admin-fin.gatech.edu/business/travel/060150.html>

**Contact Information for Person Handling Department's Reimbursement for this trip:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Printed**

In accepting this GTRC advance, the undersigned agrees that the funds will be used exclusively for the purpose stated above, that travel expense documents and receipts will be promptly submitted to his/her department for reimbursement, and the undersigned understands that he/she is personally responsible for repayment of travel advance directly to GTRC within 15 working days of trip completion date or immediately upon reimbursement, whichever occurs first.

Upon demand, however, the undersigned promises to pay to the order of GTRC, at its office or at such place as it may designate and notify undersigned, the amount shown hereon.

Traveler's Signature: \_\_\_\_\_

Approving Signature: \_\_\_\_\_ \* Signature must be on file with GTRC.

Printed Name of Authorizing Signer: \_\_\_\_\_ \*Must be provided.

Title of Authorizing Signer: \_\_\_\_\_