

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

**Please email this request form, as well as a copy of the Spend Authority,
to: GTRC.Travel@gtrc.gatech.edu.
Accounts Payable @ 926 Dalney St, 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.

There will be a \$20.00 service fee added for any non-sufficient check. If for any reason there is a second non-sufficient check, there will be a \$20.00 service fee and no more travel advances will be allowed.

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.

Travelers Signature: _____

Approving Signature: _____ * Signature must be on file with GTRC.

Printed Name of Authorizing Signer: _____ *Must be provided.

Title of Authorizing Signer: _____