

**St. Mary's College of Maryland**

**Travel Authorization and Advance Form**

Name of Traveler \_\_\_\_\_ SMCM ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Travel Begin Date \_\_\_\_\_ Travel Return Date \_\_\_\_\_

**Estimated Cost:**

Registration Fee (verify if vendor will accept a purchase order) \_\_\_\_\_

Lodging (verify if vendor will take a purchase order) \_\_\_\_\_

Meals \_\_\_\_\_

Transportation (direct bill to SMCM when possible) \_\_\_\_\_

Rental Car \_\_\_\_\_

Other \_\_\_\_\_

**Total** \$ \_\_\_\_\_ -

**Requested Travel Advance Amount** (if applicable) \_\_\_\_\_

Advances may be picked-up from the Business Office three days prior to scheduled travel date.

**Traveler - Signature and Date**

I certify this travel and advance will be used for authorized College business. I will submit a SMCM Expense form within 5 business days of my return and will refund any excess advance to the Cashier.

Budget Account #1 \_\_\_\_\_ Maximum Cost Authorized (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Budget Manager #1 - Signature and Date

Budget Account #2 \_\_\_\_\_ Maximum Cost Authorized (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Budget Manager #2 - Signature and Date

\_\_\_\_\_  
SMCM Provost - Signature  
(Authorization needed for Out-of Country Travel Only)

**Business Office Use Only**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Advance Return By: \_\_\_\_\_

Advance Approved by: \_\_\_\_\_