

Lindsey Wilson College

TRAVEL ADVANCE

AP USE ONLY
Payment Due:
Entered By:

Name: _____ ID# _____

Date: _____ Department: _____

Purpose of Travel: _____

Destination: _____

Number of People in Travel Party: _____

Type of Vehicle: _____

Departure Date and Time: _____

Return Date and Time: _____

Estimated Cost:

Gasoline: _____

Food: _____

Hotel: _____

Misc: _____

Total: _____

Submitted by: _____ Date: _____

Dept. Head Signature: _____ Date: _____

Fund # _____ Org# _____ Acct# _____

Upon return, please submit all receipts on a
LWC TRAVEL VOUCHER/EXPENSE REPORT

TA