

U. S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
FINANCIAL MANAGEMENT DIVISION
FINANCIAL SERVICES BRANCH

TRAVEL ADVANCE REQUEST
FOR EMPLOYEES WITHOUT A
GOVERNMENT TRAVEL CREDIT CARD

EMPLOYEE'S NAME AND TITLE <i>(Please print or type)</i>	EMPLOYEE'S PROGRAM UNIT	EMPLOYEE'S GRADE
SUPERVISOR'S NAME	EMPLOYEE'S DUTY STATION	DATE

HAVE YOU EVER HAD A GOVERNMENT TRAVEL CREDIT CARD? *(Please explain below)*

YES IF YES, WHY DO YOU NO LONGER HAVE ONE?

NO IF NO, WHY NOT?

REQUESTED TOTAL TRAVEL ADVANCE	HOTEL	M&IE	LOCATION OF TRAVEL	DURATION OF TRAVEL
\$	\$	\$		

WHY CAN'T PERSONAL FUNDS BE USED AND THEN REIMBURSED THROUGH THE TRAVEL VOUCHER PROCESS? *(Please Explain)*

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE. IF AN ADVANCE IS GRANTED, I AGREE TO REPAY THE ENTIRE ADVANCE AMOUNT UPON MY RETURN FROM TRAVEL. I UNDERSTAND THAT FAILURE TO REPAY WILL LEAD TO DENIAL OF FUTURE TRAVEL ADVANCE REQUESTS, SALARY OFFSET, AND COULD LEAD TO DISCIPLINARY ACTION.

EMPLOYEE'S SIGNATURE	DATE
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CONCURRENCE

THIS IS OFFICIAL TRAVEL. THE DUTIES THIS EMPLOYEE WILL PERFORM ARE ESSENTIAL TO MISSION ACCOMPLISHMENT, AND THIS EMPLOYEE IS THE ONLY EMPLOYEE AVAILABLE TO PERFORM THESE DUTIES. BASED ON THE ABOVE INFORMATION, A TRAVEL ADVANCE IS NECESSARY FOR THIS EMPLOYEE TO PERFORM THIS TRIP.

SUPERVISOR/MANAGER'S SIGNATURE	DATE
PROGRAM DEPUTY ADMINISTRATOR'S SIGNATURE	DATE

THE ABOVE INFORMATION HAS BEEN VERIFIED AND ACCURATELY REFLECTS THE CARDHOLDER'S SITUATION.

TRAVEL SPECIALIST, FINANCIAL MANAGEMENT DIVISION, SIGNATURE	DATE
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APPROVAL

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT \$ _____
ACTING ADMINISTRATOR'S SIGNATURE	DATE