SAINT MARY'S UNIVERSITY SINCE 1802
One University. One World. Yours.

Advance Request

Date Cheque required (DD/MMM/YY) eg: 26/FEB/16

Please allow 10 business days for processing.
This completed form is to be returned to Procure to Pay Services.

Expense Reports must be filed with Procure to Pay Services within 14 days from return date, accompanied by original receipts including boarding pass printouts.

Please review the Travel - Advance Requests Policy 4-3001 prior to completion of this form.

Cheque Payable to: (Claimant's Name)	Banner ID (A#) (Required)	Department	Phone
Destination (City & Country) / Event	**Mailing Address & Postal Code** (for external mailing only)		
Depart / Event (DD/MMM/YY)	**Return / Event** (DD/MMM/YY)	**EMAIL**	
Purpose			

Amount

Transportation _____

Accommodation _____

Meals _____

Registration _____

Others (Specify) _____

Total $ _____

Portion to be paid
by the University _____

Third Party Recovery			
No	**Yes**	**Amount**	**Funding Organization**
X			

Comments

Accounting Information ***Account number **73550** - for Faculty Travel covered under the SMUFU Collective Agreement. ***Account number **78699** - for all other Travel.

Fund (6)	Org (4)	***Account (5)	Program (4)	Amount $

Total $ _____

Claimant Certification		
Claimant (Print)	Claimant (Signature)	Date (DD/MMM/YY)

Authorization   Please complete in full prior to obtaining authorizing signatures. This form has been designed for print signing.

Dean / Department Head (Print)	Dean / Department Head (Signature)	Date (DD/MMM/YY)
Other (Print)	Other (Signature)	Date (DD/MMM/YY)

Financial Services Only			
Financial Services (Approval)	Date		Reference # (DD/MMM/YY) **A**
Processing Date (DD/MMM/YY)	In Process	Complete	Document #