

ATHLETICS TRAVEL ADVANCE FORM

•					
*NAME:				*EMPLOYEE ID:	
*TEAM:				*DATE:	
*ACCOUNT & CLASS:		-			DD / MM / YYYY
*DATES OF TRAVEL:					
*ESTIM DEPART TIME:				*ESTIM RETURN TIME:	
*PURPOSE OF TRAVEL:					
*DESTINATION:					
*MODE OF TRANSPORTATION:	(circle one)	Van	Bus	Plane Private	e Vehicle
	BREAKDOWN	I OF EXPENSES F	OR ATHLETIC DIR	RECTOR'S APPROVAL	
					*FUNDS
	*DESCRIPTION			REQUIRED (CDN)	
Number Traveling		Meal Amount (\$10/meal)			
					<u> </u>
		OTHER E	EXPENSES		
				*Funds Requested	
				·	
		Trip F	Reconciliation	Total	
		•		Deduct Advance	_
				Refund to Coach	
				Payable to UPEI	
				•	•
		Printed	l Name	Signature	Date
	* Coach				
*Signature of	Athletics Director				
*Signature of Athletics Di	rector after Travel				
					DD / MM / YYYY
Notes:					
If there is an advance for additional to submitted within 30 days of travel wi within 10 day of game date.		-			* Required Field
Accounting Office Use On	ly				
Account :		Supplier:			
Class:		Invoice Amt :			
Invoice Date:		HST:			
Invoice Number:		GST:			
PO Number:		GST/HST Code:			
Note:					FIN0047(26032019)

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of issuing travel advances. Direct any questions about this collection to Financial Services, University of Prince Edward Island, 550 University Avenue, Charlottetown PE C1A 4P3 (902)566-6000.