STATE OF CALIFORNIA
AIR RESOURCES BOARD

TRAVEL ADVANCE REQUEST

To: ASD Accounting
P.O. Box 2815
Sacramento, CA 95812

Amount Requested:

Name:	SSN or Employee Number	Classification:
Division:	Reporting Unit Number:	Headquarters:
Date(s) of Travel:		Destination:

Type of advance: ☐ TEMPORARY ☐ AMERICAN EXPRESS CHARGE CARD

Authorized by signature of: _____ _____

Branch Chief Division Chief

Check to be sent to: ☐ OFFICE ☐ OTHER:

Purpose of trip:

I understand that I am obligated to liquidate the requested amount by submitting a travel expense claim within 30 days of the dates of travel. I also acknowledge that in the event the trip is canceled or delayed, that I must immediately return the advanced amount to the Air Resources Board.

_____
Employee's Signature Date

ACCOUNTING OFFICE USE ONLY

ISSUANCE	DATE	CHECK/CLAIM #	AMOUNT	BALANCE
Travel Advance Issued:			$	$
CLEARANCE			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

Accounting Officer Approval:	Date: