STATE OF SOUTH CAROLINA

COMPTROLLER GENERAL'S OFFICE

REQUEST FOR OFFICIAL TRAVEL CASH ADVANCE

_____
AGENCY NUMBER

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NO: _____

OFFICIAL HEADQUARTERS: _____

Budget and Control Board approval needed for travel advances within the State.

APPROVED: _____

COMPUTATION OF TRAVEL ADVANCE:

		DATES	TIMES
DESTINATION FROM:	_____	_____	_____
TO:	_____	_____	_____
RETURN FROM:	_____	_____	_____
TO:	_____	_____	_____

PURPOSE OF TRIP: _____

MEALS _____ DAYS @ _____ PER DAY = $ _____

LODGING _____ DAYS @ _____ PER DAY = $ _____

SUBTOTAL $ _____ X 80% = $ _____

APPROVED BY:

_____ _____
(SIGNATURE OF DEPARTMENT HEAD) DATE

Request for cash in the amount shown above is acknowledged.

_____ _____
(SIGNATURE OF TRAVELER) DATE

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