

**STATE OF SOUTH CAROLINA
 COMPTROLLER GENERAL'S OFFICE
 REQUEST FOR OFFICIAL TRAVEL CASH ADVANCE**

①

 AGENCY NUMBER

NAME: _____ ②
LAST FIRST MI

SOCIAL SECURITY NO: _____ ③

OFFICIAL HEADQUARTERS: _____ ④

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

APPROVED: _____

COMPUTATION OF TRAVEL ADVANCE:

| | DATES | TIMES |
|---------------------------|---------|---------|
| DESTINATION FROM: _____ ⑤ | _____ ⑤ | _____ ⑤ |
| TO: _____ ⑥ | _____ ⑥ | _____ ⑥ |
| RETURN FROM: _____ ⑦ | _____ ⑦ | _____ ⑦ |
| TO: _____ ⑧ | _____ ⑧ | _____ ⑧ |
| PURPOSE OF TRIP: _____ ⑨ | | |

| | | |
|-----------------|------------------|-------------------|
| MEALS _____ ⑩ | DAYS _____ ⑪ | PER DAY = _____ ⑫ |
| LODGING _____ ⑬ | DAYS _____ ⑭ | PER DAY = _____ ⑮ |
| | SUBTOTAL _____ ⑯ | X 80% = _____ ⑰ |

APPROVED BY:

_____ ⑱
 (SIGNATURE OF DEPARTMENT HEAD)

_____ ⑱
 DATE

Request for cash in the amount shown above is acknowledged.

_____ ⑲
 (SIGNATURE OF TRAVELER)

_____ ⑲
 DATE