

TA#

Date:

Washington University Department of Pediatrics Travel Advance

Travelers must submit a travel expense report with all original, itemized receipts within 15 days of the trip's end date.

Traveler _____	Office Phone _____
Campus Box _____	Email _____
Home Address _____ _____	SS# _____
Start Date: _____	End Date: _____
Destination: _____	
Purpose of this trip:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Airfare _____	Transportation _____
Hotel Room _____	Registration _____
Meals/Other _____	Total \$: _____
Charge account: _____	For this amount: _____
Charge account: _____	For this amount: _____
<hr/> Traveler's signature _____	
<hr/> Signature authorizing travel expenses to be paid from the fund(s) listed above (individual must be at least one level higher than the traveler)	

See the Department of Pediatrics Travel Policy Highlights document for guidelines regarding the booking and reimbursement of travel expenses.

<https://pedsportal.pcf.wustl.edu/SiteDirectory/Research/Administration/Purchasing%20and%20Travel%20For%20Peds%20Travel%20Policy%20Highlights.pdf>