		RECEIV	ED CASII A	ADVANCETI	ROM BUSINES	S OFFICE		_				
	CALL WHEN CHECK IS READY EXT:							VENDOR #		DOCUMENT #		
		SEND EMAIL MESSAGE WHEN READY EMAIL ADDRESS:										
		SEND CHECK VIA COLLEGE MAIL TO:										
Swarthmore College		CHECK IF YOU DON'T WANT DIRECT DEPOSIT										
Travel A	dvance/ Reimbursen	ent Form	1									
	NAME											
	ADDRESS											
	DATE OF TRIP:		PU	RPOSE O	F TRIP:							
Date	Description	Fund	Org	Actv	Travel 7201	Lodging 7202	Meals 7203	Reg 7204	Ent 7205	Misc. 7206	Other	Tot
				1	7201		7200	7201	1	1200		
			<u> </u>									
				Totals								
							Less: 7207-A				Amount	
								+ Total D	ue Travele	r/-Total Du	ie College	

TRAVEL ADVANCES MUST BE ACCOUNTED FOR WITHIN 10 DAYS AFTER COMPLETION OF TRIP. ADVANCES NOT ACCOUNTED FOR WITHIN 120 DAYS WILL BE \square DEDUCTED FROM YOUR PAYCHECK.