

**Georgia Department of Human Resources
TRAVEL ADVANCE AUTHORIZATION**

Continuous		Non Continuous	
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EMPLOYEE INFORMATION:

Employee Name:	Title:
Division/Office:	Location:
Phone Number:	
Social Security #:	Organization Code:

AMOUNT OF ADVANCE REQUEST \$

Limited to the average of two weeks expenses for continuous advance or a minimum of \$500.00 for non continuous advances

AUTHORIZATION:

NAME: (recipient name above) is hereby authorized to receive a travel advance of \$	Telephone Number
by: (Division or Office Director)	Date

AGREEMENT:

I hereby acknowledge receipt of the above authorized advance of funds. I understand and hereby agree to allow the appropriate offices of the Georgia Department of Human Resources to access my payroll and /or retirement funds at their discretion to collect these funds. I further agree to submit a travel expense report to the Office of Financial Services as required, and will utilize these funds in accordance with existing departmental travel policies and procedures.

Date:	Employees Signature		
Check Number:	Date:	Employees Telephone Number: ()	

BUDGET INDICATORS:

VOUCHER #		AMOUNT		INVOICE		DATE		
EMPLOYEE #		PAY DATE		HANDLING CODE	TP	ACCT TEMPLATE	ACCT 01	
VENDOR #								
DESCRIPTION	TRAVEL ADVANCE	FUND	A1	ORGANIZATION		PROJECT		
SUB CLASS	334	BY (BUDGET YEAR)		2004		GRAND TOTAL		
ACCOUNT	DESCRIPTION	PROGRAM	AMOUNT		ACCOUNT	DESCRIPTION	PROGRAM	AMOUNT
		01						

THE TRAVEL ADVANCE VALIDATION FORM OR A MEMO DETAILING ESTIMATED EXPENSES TO VALIDATE THE AMOUNT OF THIS TRAVEL ADVANCE IS TO BE ATTACHED TO THIS FORM UPON SUBMISSION FOR APPROVAL. ITEMS SHOULD INCLUDE TRANSPORTATION, LODGING AND SUBSISTANCE COSTS PER DAY, MULTIPLIED BY THE NUMBER OF DAYS WHILE IN TRAVEL STATUS. IF THE TRAVEL PERIOD REQUIRES INTERSTATE TRAVEL, SUBMIT THE INTERSTATE TRAVEL REQUEST FOR APPROVAL ALONG WITH THIS REQUEST
Form is to be completed as before, in regard to the request portion at the top. Be sure to use the organization code for your unit or office. In the Budget Indicator portion of the form enter the organization code for your unit or office and the correct program number which is applicable to the organization code (see below).

"BE SURE TO USE THE CORRECT ORGANIZATION CODE"

UNIT NAME	ORGANIZATION CODE	PROJECT
REGIONAL PLANNING UNITS	APPROPRIATE ORGANIZATION CODE FOR YOUR OFFICE	60028001
REGULAR DIVISION BUDGET	APPROPRIATE ORGANIZATION CODE FOR YOUR OFFICE	60028001
RISK REDUCTION (REGULAR)	4276401501	01
RISK REDUCTION (SAPT)	4276401502	01
OFFICE OF SPECIAL OPERATIONS	4276400112	60028001
SPECIAL PROJECTS	4276400123	60028001
GOVERNORS ADVISORY COUNCIL	4276401301	60028001
MENTAL HEALTH PLAN COUNCIL	4276401001	33191002
VISTA PROGRAM	4276400135	60028001
SEXUAL OFFENDER PROGRAM	4276400134	41679001

PROCESSED IN OFS

ENTERED BY