

Georgia Department of Human Resources

Mental Health, Mental Retardation and Substance Abuse

TRAVEL ADVANCE VALIDATION

The itemization of estimated costs listed below, for the travel period indicated below, and the destination indicated below, are to the best of my knowledge accurate in nature and amount.

| | |
|----------------|---------------------|
| Requestor Name | Requestor Signature |
|----------------|---------------------|

TRAVEL PERIOD & DESTINATION

| | | | |
|---------------|--|-------------|--|
| Starting Date | | Ending Date | |
|---------------|--|-------------|--|

| | |
|--------------------------|--|
| Destination City & State | |
|--------------------------|--|

ESTIMATED TRAVEL EXPENSE ITEMIZATION

The advance request total from this section must equal the amount of the travel advance request

| EXPENSE CATEGORY | AMOUNT PER DAY | NUMBER OF DAYS | EXPENSE CATEGORY TOTAL |
|------------------|----------------|----------------|------------------------|
| TRANSPORTATION | | | |
| LODGING | | | |
| SUBSISTANCE | | | |
| | | | |
| OTHER-LIST BELOW | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|------------------------------|--|
| TRAVEL ADVANCE REQUEST TOTAL | |
|------------------------------|--|

THIS FORM MUST BE ATTACHED TO THE TRAVEL ADVANCE REQUEST FORM BEFORE SUBMISSION FOR MANAGEMENT APPROVAL