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| State of South Carolina |
| Comptroller General’s Office |
| Request for Official Travel Cash Advance |
|  |
|  |       |
|  | Agency Number |
|  | Comptroller General Office approval needed for traveladvances within the state. |
| Name: |       |       |       |  |
| Last | First | MI |  |  |
| ZEMP #: |       |  | Approved: |       |  |
| Official Headquarters: |       |  |  |
| Computation of Travel Advance: |  |  |  |
|  |  |  | Dates |  | Times |
| Destination From: |       |  |       |  |       |  |
| To: |       |  |       |  |       |  |
| Return From: |       |  |       |  |       |  |
| To: |       |  |       |  |       |  |
| Purpose of Trip: |       |  |
|  |  |  |
| Meals |       | Days @ |       | Per Day= $ |       |  |
| Lodging |       | Days @ |       | Per Day= $ |       |  |
| Other |       | Days @ |       | Per Day= $ |       |  |
|  (No Airlines) | Subtotal $ |       | X 80%= $ |       |  |
|  |
| Approved By:  |
|  |  |       |
| (Signature of Department Head) |  | Date |
| Request for cash in the amount shown above is acknowledged. All Travel Advance must be at least $250.00 |
|  |  |       |
| (Signature Traveler) |  | Date |

**Travel Cash Advance Form**