|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of South Carolina | | | | | | | | | | | | | | | | | | | | |
| Comptroller General’s Office | | | | | | | | | | | | | | | | | | | | |
| Request for Official Travel Cash Advance | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | Agency Number | | | | | | | |
|  | | | | | | | | | | | | | | Comptroller General Office approval needed for travel  advances 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**