State of South Carolina  
Comptroller General’s Office  
Request for Official Travel Cash Advance

Name: ____________________________  
Last  First  MI  
ZEMP #: ____________________________  
Official Headquarters: ____________________________

Computation of Travel Advance:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination From: ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>To: ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Return From: ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>To: ____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Purpose of Trip: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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