

TOWN OF MANCHESTER
TRAVEL ADVANCE REQUEST FORM

EMPLOYEE NAME _____

DEPARTMENT _____

DATES OF TRIP _____

REASON WHY ADVANCE IS NEEDED

ADVANCE AMOUNT REQUESTED _____

DETAIL OF ADVANCE:

A. MEALS:

FULL DAYS OF TRIP x \$90 PER DAY = _____

PARTIAL DAYS OF TRIP x \$40 PER DAY = _____

B. OTHER (PLEASE DETAIL EXPENSE TYPE PLUS CALCULATION OF AMOUNT)

APPROVED

DENIED

GENERAL MANAGER SIGNATURE _____
