

EDUCATION ABROAD CASH ADVANCE REQUEST:

Name of Faculty Program Director Receiving Advance: _____

Amount of Advance: _____ DATE: _____

Signature of faculty Member receiving advance: _____

of student participants = _____

of faculty participants = _____ (if applicable)

Estimated Cost Breakdown:

Transportation: _____

Lodging: _____

Group Meals: _____

Faculty Per Diems: _____

Fees to Host Institution: _____

Guest Lectures: _____

Entrance Fees: _____

Communications: _____

Banking Fees: _____

Emergency Funds: _____

TOTAL REQUESTED: _____

****UPON COMPLETION OF ACTIVITY, FACULTY MUST SUBMIT AN EXPENSE STATEMENT LOG WITH RECEIPTS AS WELL AS ANY UNUSED PORTION OF FUNDS.**

Any Receipts in other languages must be translated into English.
