

# Travel Prepayment

\*\* For AP use Only \*\*

Banner Invoice #

**Section 1 - Type of Travel**
**Pick One:**
 Day Travel

 Overnight Travel

Date of Travel: \_\_\_\_\_

Encumbrance # E \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

**Section 2 - Make Check Payable To:**

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Payment to: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Admin. Asst. Name: \_\_\_\_\_ Admin. Asst. Phone: \_\_\_\_\_

Admin. Asst. Email: \_\_\_\_\_ Department Name &amp; Building: \_\_\_\_\_

**Section 3 - Type of Prepayment**

Please complete and check all appropriate boxes that may apply.

 **Reimbursement**
 Airfare

 Conference Fee / Registration Fee

Name of Conference: \_\_\_\_\_ Travel Destination: \_\_\_\_\_

(City &amp; State)

**Section 4 - Description of Prepayment (For more information please visit: [Travel Policy](#))**

Date	Items	Description of Prepayment (In Detail)	Amount
<b>Please attach original receipts.</b>			<b>Grand Total:</b>

**Section 5 - Accounting Information**

Index #	Fund #	Organization #	Account #	Program #	Amount

Please Note:

- This form is used for prepayment of expenses with an approved travel encumbrance number, or for Day Travel.
- Prepayment of travel expenses include reimbursement for conference fees, registration fees and airfare.  
(Note: payments made directly to a vendor must be paid via Pcard or requisition.)
- Itemized receipts and proof of payment must be attached to this form.
- Employees use Travel Account #7216, Students use Travel Account #7217.

**Section 6 - Signature & Consent**

 I hereby certify that the travel expenses indicated hereon, will be incurred to accomplish official Rowan University business pursuant to the travel authority granted to me by the Encumbrance number noted above and/or the guidelines set forth in the Travel Policy.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 7 - Appropriate Approvals (Print and Sign)**

Department Chair/Head/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Grants: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Date: \_\_\_\_\_