

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 & Building: _____

Section 3 - Type of Prepayment

Please complete and check all appropriate boxes that may apply.

☐ **Vendor Payment**
☐ **Reimbursement**
☐ **Group Travel**
☐ Conference Fee

☐ Airfare

☐ Athletic (Team Name _____)

☐ Registration Fee

☐ Conference Fee / Registration Fee

☐ Student (Group Name _____)

Name of Conference: _____

Travel Destination: _____

(City & State)

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

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

Section 5 - Accounting Information

Index #	Fund #	Organization #	Account #	Program #	Amount

Please Note:

1. This form is used for prepayment of expenses with an approved travel encumbrance number, or for Day Travel.
2. Prepayment of travel expenses include: Conference Fee, Registration Fee, Airfare reimbursement and Group Travel only. (A Purchase Order is **not** required)
3. Original invoice or itemized receipts must be attached to this form.
4. Employees use Travel Account #7216, Students use Travel Account #7217.

 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: _____

Department Chair/Head/Dean: _____ Date: _____

Grants: _____ Date: _____

Accounts Payable: _____ Date: _____