REQUEST FOR CONCUR TRAVEL ADVANCE

This form is used to request a **Travel Advance** of funds to be used for payment of reimbursable, <u>travel-related</u> expenses that cannot be paid for utilizing the University ProCard. This request form and supporting documentation, including flight details, trip itinerary, and budget form, must be emailed to Treasury.Services@uky.edu for pre-approval prior to being submitted to Accounts Payable via the Concur system.

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Traveler Name:	UK Person ID#:	UK Person ID#:	
Address1:	City, State:	City, State:	
Zip:	Phone:	Phone:	
Department Name:	Department Num	Department Number:	
Email:	Amount Requeste	Amount Requested:	
Date of Departure:	Date of Return:	Date of Return:	
Destination:	Estimated Repayr	Estimated Repayment Date:	
Justification of Request (Required): Please de	escribe the purpose of the trip and why thi	s advance is needed.	
Manual (BPM) E-2-1 - Treasury Operations I acknowledge that I am personally liable for t University of Kentucky. Failure to repay by th Traveler Name (type)	hese funds and promise to repay the r	equested amount in full to the	
Department Budget Officer (type)	Signature	Date	
Department Head/Title (type)	Signature	Date	

Treasury Services Approving Official (type)

Signature