



Accountable Advance Request

PLEASE REFER TO TRAVEL POLICY & PROCEDURES FOR FURTHER DETAILS.

Name and Address of Payee (Please Print)

Name (limit 35 characters)	
Address (limit 28 characters)	
City / Prov. (limit 20 characters)	Postal Code (6 characters)

MAILING INSTRUCTIONS: Mail Cheque Addressed Envelope Attached

REQUESTED AMOUNT						D/C	Advance #				
0	1	0	2	3	0	1	3	3	0	D	

Cheque Identification - To be printed on the cheque stub (limit 24 characters)

Accounts to be Committed	AMOUNT

PURPOSE OF REQUEST:

DATES: From: _____ To: _____

Location(s): _____

Purpose: _____

Conference Registration: _____

Course Prepayment: _____

Institutional Project: _____

Other: (Please provide details) _____

Shaded Areas for Accounts Payable Use.

Date Prepared

MO	DY	YR

Batch Number

Currency (Check one)

- Cdn \$ 1

- US \$ 9

- Other (Please specify)

Vendor Code

McMaster Roll 1 I.D. #

Traveller's / Claimant Certification

All expenses for this trip will be in accordance with the University's Travel policy and will be reported on via the Expense Report within 15 days after completion.

Traveller's Signature

PRINTED name of Roll One Claimant as defined in ID# Box.	Extension

Roll One Claimants Signature (if different than Traveller)

E-mail Address of Claimant

Authorized Research Office Approval

For all research accounts

Research Office Signature	Date

Travel Services Authorization	Date

Approval

Signature of Authorized Approving Officer	PRINTED Name	Title