

# STATE OF NORTH CAROLINA

JUDICIAL BRANCH  
North Carolina Administrative Office of the Courts  
PO Box 2448  
Raleigh, NC 27602

# EMPLOYEE TRAVEL ADVANCE REQUEST

## INSTRUCTIONS

**INSTRUCTIONS TO REQUESTOR:** Complete Section A only. This form must be completed by the employee and submitted at least two weeks prior to the date the advance is needed. Travel advances for occasional travel may not be issued more than 5 days prior to the date of departure unless savings to the Judicial Branch can be demonstrated by earlier issuance. The total cost of the trip must exceed \$100 to qualify for an advance. No travel advances will be issued during the month of June. Forward the original form to the following address: Administrative Office of the Courts, Financial Services Division, PO Box 2448, Raleigh, NC 27602. Be sure to retain a copy for your records.

## SECTION A

Name Requestor (First, MI, Last)	Title-Division/Section	Social Security Number (Last 4 Digits)
Requestor's Address	Headquarters (City)	Telephone Number
	Date Of Departure	Date Of Return
Reason For Trip		

If Travel Is To Be Paid From Grant Funds, Please Provide Grant Number And Fund Number

Grant Number: \_\_\_\_\_ Fund Number: \_\_\_\_\_

Estimated Cost Of Meals	_____	<b>Please refer to the Judicial Branch travel policy for details on allowable travel expenses.</b>
Estimated Cost Of Lodging	_____	
Estimated Cost Of Transportation	_____	
Registration	_____	
Other	_____	
Total Estimated Charges	_____	
Percentage Allowance	75%	
Amount Of Advance	_____	Type Of Advance (See Descriptions Below) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary

**PERMANENT ADVANCE:** An annual advance provided to those who travel each month. This type of advance is to be settled by submitting reimbursement request monthly, with final settlement to be made by June 1. Travel submitted in May and June will automatically reduce the amount of advance issued.

**TEMPORARY ADVANCE:** An advance for occasional travel that must be settled by submitting reimbursement requests and any excess advance within 30 days after the travel period ends. Any excess advance **MUST** be returned with the travel reimbursement request. Future advances may be denied if settlement is not made within the 30 day period.

### PLEASE ATTACH A COPY OF THIS FORM TO YOUR TRAVEL REIMBURSEMENT REQUEST.

I certify that funds requested herein are to be used for the purpose stated. I further certify that any funds advanced to me will be repaid immediately on the return from trip and/or at request of the Department, and that any funds advanced to me will be repaid prior to my last day of employment.

**I hereby authorize the Administrative Office of the Courts to deduct any amount of advance not settled within the time specified above from my payroll check.**

Employee's Signature	Date	Supervisor's Signature	Date
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## SECTION B (FINANCIAL SERVICES DIVISION ONLY)

COMPANY	ACCOUNT	CENTER	AMOUNT
	532799		
Verified And Approved For Payment		Date	