

STATE OF CALIFORNIA
TRAVEL ADVANCE REQUEST

DGS OFS 2027 (Rev. 10/2018)

DEPARTMENT OF GENERAL SERVICES
 OFFICE OF FISCAL SERVICES

SECTION A - BUSINESS UNIT INFORMATION

BUSINESS UNIT NUMBER	BUSINESS UNIT NAME
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SECTION B - EMPLOYEE / SUPPLIER INFORMATION

EMPLOYEE / SUPPLIER NAME	AGENCY PAYROLL & REPORTING UNIT CODE		
EMPLOYEE / SUPPLIER NUMBER	AMOUNT REQUESTED		
PROGRAM OFFICE / AGENCY	BUSINESS PHONE NUMBER		
PROGRAM OFFICE / AGENCY STREET ADDRESS	CITY	STATE	ZIP
TRAVEL DATES	DESTINATIONS		

SECTION C - RELEASE CHECK (select only one box)

Program Office / Agency Pick-up (DGS OFS 1001 authorization required)

Mail to Program Office / Agency

_____ (Program Office / Agency address if different than Section B)

Employee Pick-up (photo ID required for employee pick-up)

_____ (provide business phone number for pick-up)

SECTION D - ADVANCE TYPE (select only one box)

IN-STATE TRAVEL (if applicable, attach a copy of the approved STD-255C Excess Lodging Rate Request)

OUT-OF-STATE TRAVEL (attach a copy of the approved STD-257 Out-of-State Travel Approval Request)

(Note: Lodging can be paid through the Virtual Payment process, reference Directive [SRF #1009](#))

SECTION E - CERTIFICATION

I hereby certify that the above travel advance is necessary to defray my anticipated reimbursable expenses while traveling on business for the State of California away from my designated headquarters. I understand and agree I have 10 calendar days from the return date of the travel to submit a Travel Expense Claim (TEC) or a personal check to pay the balance in full. I further understand and agree that this amount may be deducted in full for any and all funds payable by the State to me, including any salary warrant(s) issued to me by the State Controller's Office, following the receipt of the amount requested. I further acknowledge that an outstanding Travel Advance over 60 days may be reported as earned income to the Internal Revenue Service.

EMPLOYEE / SUPPLIER SIGNATURE	DATE SIGNED
AUTHORIZED SIGNATURE (DGS OFS 1001 authorization required)	NAME
	DATE SIGNED

SECTION F - COMPLETED BY ACCOUNTING

FUND	PROGRAM	REPORTING STRUCTURE		
RELEASED BY	DATE	CHECK NUMBER	CHECK DATE	VOUCHER ID

INSTRUCTIONS

The form is used to request an Office Revolving Fund advance to be issued to the employee/supplier for payment for in-state travel, out-of-state travel and/or relocation. SRF Fiscal Services or CFS Accounting must receive the original request **10 days** before employee is to travel.

Before submitting the request, all supporting documents must be attached pertaining to the advance request and the employee/supplier exist in the Fi\$Cal Vendor Management File (VMF). Following are the instructions to complete Sections A through E of the form:

A. BUSINESS UNIT INFORMATION

Business Unit Number: Enter the Business Unit Number.
Business Unit Name: Enter the Business Unit Name.

B. EMPLOYEE / SUPPLIER INFORMATION

Employee /Supplier Name: Print the name of the employee requesting advance (use full legal name).
Agency Payroll & Reporting Unit Code: Enter the 3 digit Payroll Code & the 3 digit Reporting Unit Code
Employee / Supplier Number: Enter the employee's FI\$Cal supplier number. Do not enter Social Security Number.
Amount Requested: Amount is determined by number of days on travel status after 24 hours. A completed and approved STD-255C Excess Lodging Rate Request must be attached to increase this amount.
Business Phone Number: Phone number of person to contact for questions regarding Travel Advance Request
Program Office / Agency Name : Enter name of the Program Office / Agency for which the employee works
Program Office / Agency Address: Enter the employee's Office street address, city, state, and zip code
Travel Dates: Enter the actual travel dates when leaving and returning on State business
Destinations: Destinations (cities) of employee's travel

C. RELEASE CHECK (Select Only One Box)

Program Office / Agency Pick-up: Select one of the options on how the employee is to receive the check. Due to internal controls, Accounting is unable to send the check to the employee's residence. For Employee pick-up, provide business phone number.
Mail to Program Office / Agency:
Employee Pick -up:

D. ADVANCE TYPE (Select Only One Box)

In-State Travel: Mark appropriate box for either IN-STATE or OUT-OF-STATE travel or Relocation. Note: Out-of-State Travel Advance will not be issued unless an approved STD 257 is attached.
Out-of-State Travel:

Note: Lodging can be paid by Citibank MasterCard Business Travel Account, reference Directive SRF #1009

E. CERTIFICATION

Employee / Supplier Signature: Employee must sign and date (can be signed electronically)
Approval - Authorized Signature: Authorized Signature (can be signed electronically) and Print Name
Note: The DGS OFS 1001 Document Approval & Security Authorization must be on file in SRF Fiscal Service / CFS Accounting