

**TRAVEL ADVANCE****REQUEST TO CASHIERS TO ISSUE OFFICE REVOLVING FUND CHECK**

GS 15 (REV. 5-98)

FUND									
									0
FUND							OFFICE		

Submit to: Office of Fiscal Services  
 Payments Unit  
 1325 J Street, Suite 1606  
 Sacramento, CA 95814  
 (IMS C-18)

PAYEE NAME		PAYROLL AGENCY NUMBER	PAYROLL UNIT NUMBER
EMPLOYEE NUMBER		AMOUNT REQUESTED \$	
DUE DATE			

OFFICE / AGENCY NAME			
ADDRESS (Number)		(Street)	
(City)		(State)	(Zip Code)

TRAVEL DATES	DESTINATION(S)
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RELEASE CHECK (Check appropriate box)

 AGENCY / OFFICE PICK-UP OTHER

ADVANCE TYPE\*

 TEMPORARY BOMI RELOCATION

\* For additional information, see S.A.M. Section 8116.

I hereby certify that the above travel advance is necessary to defray my anticipated reimbursable expense while traveling on business for the State of California away from my designated headquarters. I understand and agree that this amount may be deducted in full from any and all funds payable by the State to me, including any salary warrant(s) issued to me by the State Controller, following the receipt of the amount requested.

PAYEE'S SIGNATURE		DATE SIGNED
<b>APPROVED</b>	AUTHORIZED SIGNATURE (Must have GS-111 designation on file unless Office Chief or above)	DATE SIGNED
	NAME (Print or Type)	

**ACCOUNTING USE ONLY**

DATE ISSUED	REVOLVING FUND CHECK
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