

State of California

Department of General Services

TRAVEL ADVANCE REQUEST
GS-15A (REV 8/5/04)

Accounting Use Only						
FUND/OFFICE						

Mail to: Office of Fiscal Services
SRF Fiscal Services IMS Z-1
707 Third Street, 10th Floor
West Sacramento, CA 95605

EMPLOYEE NAME	Agency Payroll Code (3 digits)	Reporting Unit Code (3 digits)
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EMPLOYEE NUMBER	AMOUNT REQUESTED (\$135.00 per day after 24 hours, unless STD-255C is attached) \$
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OFFICE NAME	CONTACT PHONE NUMBER
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OFFICE STREET ADDRESS

CITY	STATE	ZIP CODE
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TRAVEL DATES (actual dates leaving and returning)	DESTINATION(S)
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RELEASE CHECK (Mark Appropriate Box)

Office Pickup Employee pickup

ADVANCE TYPE (for additional information, see SAM Section 8116)

IN-STATE TRAVEL (If applicable, attach a copy of the approved **STD-255C** Excess Lodging Rate Request to the GS-15A Travel Advance Request)

OUT-OF-STATE TRAVEL (Attach a copy of the approved **STD-257** Out-of-State Travel Approval Request to the GS-15A Travel Advance Request)

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 [30] days from the date of the Revolving Fund Check issued 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, 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. [] Initials

EMPLOYEE SIGNATURE (Original)	DATE SIGNED
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APPROVED	AUTHORIZED SIGNATURE (must have DGS-1 authorization on file)	
	NAME (Print or Type)	DATE SIGNED

ACCOUNTING USE ONLY			
RELEASED BY	DATE	CHECK NUMBER	CHECK DATE

Travel Advance Request (GS-15A) - INSTRUCTIONS

Only the original signed and approved request will be accepted. No FAX COPIES.
SRF Fiscal Services must receive the original request 10 days before employee is to travel.

EMPLOYEE NAME

Print the name of the employee requesting advance (use full legal name).
Do not use nicknames.

AGENCY PAYROLL CODE & PAYROLL REPORTING UNIT CODE

Enter the 3 digit agency payroll code and the 3 digit payroll reporting unit code.

EMPLOYEE NUMBER

Enter the employee's 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.

OFFICE NAME

Indicate the name of the DGS Office for which the employee works.

CONTACT PHONE NUMBER

Phone number of person to contact for questions regarding Travel Advance Request.

OFFICE STREET ADDRESS:

Enter the employee's DGS 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

RELEASE CHECK

Mark either Office pickup or Employee pickup. Due to internal controls, Accounting is unable to send the check to the employee's residence.

ADVANCE TYPE

Mark appropriate box for either IN-STATE or OUT-OF-STATE travel.

NOTE: OUT-OF-STATE Travel Advances will not be issued unless an approved STD 257 is attached.

CERTIFICATION

Employee **must initial** notification of IRS reporting.

EMPLOYEE SIGNATURE & DATE

Employee must sign and date form.

APPROVED - AUTHORIZED SIGNATURE

Authorized signature and printed name. NOTE: The DGS-1 Document Approval & Security Authorization must be on file in SRF Fiscal Services.