MRCOG TRAVEL ADVANCE  
(Attach copy of Travel Authorization)

<table>
<thead>
<tr>
<th>Traveler:</th>
<th>Fund Number:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Destination:</th>
<th>G/L Number(s):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Business Travel Began</th>
<th>Business Travel Ended</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Time:</td>
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</tbody>
</table>

**Mileage** (privately-owned automobile)  

$\text{miles} \times $\text{(MRCOG approved mileage rate)} $\underline{\phantom{000}}$

**Airfare**  
Coach class commercial airfare paid by employee-attach support  

$\underline{\phantom{000}}$

**Meals**  
Maximum of $\$55.00$ per day for in-state and out-of-state travel  

$\underline{\phantom{000}}$

**Meals** (last day of travel)  

a. Less than 2 hours of travel beyond the initial time of departure, max. **none**  
b. 2 hours, but less than 6 hours beyond the initial time of departure, max. $\$18.00$  
c. 6 hours, but less than 12 hours beyond the initial time of departure, max. $\$40.00$  
d. 12 hours or more beyond the initial time of departure, max. $\$55.00$  

$\underline{\phantom{000}}$

**Lodging**  
Single occupancy rate, government rate whenever possible-attach support  

$\underline{\phantom{000}}$

**Other Expenses**  
Taxi, transportation fares, parking fees, registration fees, etc.  

$\underline{\phantom{000}}$

**Total** Estimated Cost of Travel  

$\underline{\phantom{000}}$

**Amount Due 80% of Total Estimated Cost of Travel**  

$\underline{\phantom{000}}$

Employee/Public Officer Signature:  

Date:  

Approvals:  

Supervisor:  

Date:  

Executive Director:  

Date: