

**HORRY COUNTY
ADVANCE TRAVEL REQUEST**

**At least five (5) working days notice must be given
prior to funds being made available**

Date Requested: _____

Date Needed: _____

Employee Requesting: _____

Department: _____

Amount Requested: _____

Account #: _____

JUSTIFICATION:

REIMBURSEMENT AGREEMENT:

I agree to furnish receipts for authorized disbursements and travel and/or return the advance funds within ten (10) working days of my scheduled return, or return the advance funds if this travel does not occur. NO RECEIPTS REQUIRED FOR MEALS ONLY. If I fail to comply with this agreement, I authorize the Finance Office to deduct the entire advance from my next paycheck.

Employee Signature (required)

FOR FINANCE USE ONLY

Approved: _____ **yes** _____ **no**

Amount: _____

Date Approved: _____

Finance Office Signature

COMMENTS:

