Request For Travel Advance
University of Wisconsin – Eau Claire

Name: Last, First, Initial

Am, Sam, I

☐ Mail Check  ☑ Pickup Check  ☐ ACH Direct Deposit

Phone # 36-0302

Purpose of Trip/Justification(s)
(See Instruction #4 below)
Research participant incentives for "The Effects of Eating Green Eggs and Ham Here, There, or Anywhere."

Approximately 26 participants will receive $25 each.

Vendor# # of Travelers Date Required

March 17

Dates of Trip
(From) (To) Destination(s)

Instructions
1. Consult UWEC Travel Regulations or institution policy for eligibility requirements.
2. Advance amount is limited to (100% group / 80% individual) reimbursable expenses for travel.
3. Exclude from estimate all costs to be billed to the University or which will be charged to your corporate card.
4. Estimate cannot exceed maximums without justification. Specify above.
5. The advance cannot exceed 30 days estimated expenses for domestic travel, 90 days for foreign travel.
6. Initiate request for travel advance form two weeks prior to departure.
7. Sign and forward form through regular channels. Retain traveler copy for submission with your travel expense report. Sign Original and initial Travel Clerk copy.
8. Submit the Original and Travel Clerk copies to Accounts Payable.

Traveler Complete This Portion
(See instructions on left)

Traveler – Signature

March 2

Advance must be returned immediately if the trip is cancelled or accounted for within 30 days after completion of trip or the advance will be deducted from the employee's next paycheck.

I certify that I have reviewed this form and find the estimated costs are reasonable based on the itinerary and that the request is otherwise proper and necessary.

Dept Chair/Supervisor

Date

Account Responsible

Date

A/P Approval

Date

Amount (Omit Cents)

$ 0.00

$ 0.00

$ 650.00

$ 650.00
# Payment to Individual Report

<table>
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<th>Amount</th>
<th>Account</th>
<th>Fund</th>
<th>Org.</th>
<th>Prog.</th>
<th>Sub-class</th>
<th>Budget Year</th>
<th>Project</th>
<th>SS#, Taxpayer ID#, ITIN</th>
<th>Name(Last)</th>
<th>(First)</th>
<th>(Initial)</th>
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<td>Am</td>
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$650.00 Total Requisition Number:

## Business Office Use Only

- **Withheld (cr.)**
- **Ent. Tax**
  - Wisconsin Department of Revenue
- **Net Amount**

## Mail to:
- Building/Street
- City/State/Zip

## Permanent Home Address (Required if different)

## If UW or State employee indicate department

- **Currently enrolled UW student**: Yes / No
- **Residency**: U.S. Resident / Legal Resident of:
  - Visa status if not US resident:

## Date(s) of Service
- Purpose of Payment (For Account 2162, itemize expenses and provide receipts.)

## See Attached

## For more information, call:
- Ext.

## Entertainer or Public Speaker Section
- Yes / No Is individual an entertainer or public speaker?
- Yes / No Is the entertainer or public speaker a Wisconsin Resident?

Attach form WT-11 if provided by entertainer or public speaker

## Federal Tax Calculation (Business Office Use Only)
- **Country Code**: Exempt / Non-Exempt
- **Withholding Rate**: ______

## Reason For Exemption:
- U.S. Resident with SS# / Non-U.S. Source
- Form 1001 / Form 4224 / Form 8233

## Other (Explain in area below)

## Scholarship/Fellowship Section
- **Semester 1 Amount**
- **Summer Amount**
- **Semester 2 Amount**
- **Award Date**

## Classification/Year
- **Dept. Chairperson / Project Director**: [Signature] [April 1]

## Dean / Director
- Date

## Student Financial Aids (Activity 9 Only)
- Date

## Authorized Institutional Approval
- Date

Last Updated: 5/23/2001
# Research Participant Incentives

Project Title: “The Effects of Eating Green Eggs and Ham Here, There, or Anywhere”

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