## **APPENDIX H**

## **ICC TRAVEL ADVANCE REQUEST**

Date:		Name:	
☐ Member ☐ Community Representative		Destination:	
Departure Date:	Departure Time:	Return Date:	Return Time:
Travel Advance Amount Requested: \$			
Method of Check Delivery (Check will be mailed to the address on file)		Deliver at Meetin	ng
Date Check is Needed: (Please request a travel advance no later than three weeks prior to travel)			
Estimated Cost of Travel		Reason for Travel:	
Number of Days*			
Air Fare/Rail	\$		
Parking (Airport)	\$	Mode of Travel: (Most economical to the State)	
Hotel	\$	<u> </u>	,
Meals	\$	│	il
Other	\$		
CAR		∏Rental Car ☐Pri	vate Car**
Private	\$		
Rental Car	\$		
Gas	\$	**If using private vehicle in lieu of air, attach Travel	
TOTAL	\$	Comparison Matrix (DS2164b)	
* Travel and per diem for the day prior to the ICC meetings <u>must</u> be pre-approved, in writing, by DDS, and must be included with this form and submitted with your travel claim.			
TRAVEL ADVANCES 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 following the receipt of the amount requested.  Note: Travel advance requested amount should not include Airfare/Rail and/or rental car, as these items are paid directly by the Department.			
Signature ▶			
EARLY START & HEALTH SERVICES SECTION USE ONLY			
Signature – Assistant Chie ▶	ef Approved N	ot Approved Date	
Signature – Section Chief ▶	☐ Approved ☐ N	ot Approved Date	
Outstanding Advance			
☐ Entered into CalATERS System			
☐ Entered into Log Check Number:			