APPENDIX H

ICC TRAVEL ADVANCE REQUEST

Date:		Name:	
☐ Member ☐ Community Representative		Destination:	
Departure Date:	Departure Time:	Return Date:	Return Time:
Travel Advance Amount Requested: \$			
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Method of Check Delivery		Deliver at Meetir	ng
(Check will be mailed to the address on file)			
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	\$		
Meals	\$	_l	il
Other	\$		
CAR		Rental Car Pri	vate Car**
Private	\$		
Rental Car	\$	**If using private vehicle in lieu of air, attach Travel Comparison Matrix (DS2164b)	
Gas	\$		
TOTAL	\$		
* 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.			
Submitted with your traver 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			
>			
CHILDREN ADOLESCENTS AND VOLING ADULT SERVICES DIVISION LISE ONLY			
CHILDREN, ADOLESCENTS AND YOUNG ADULT SERVICES DIVISION USE ONLY Signature – Assistant Chief			
Signature – Assistant Chief		lot Approved Date	
Signature – Section Chief		lot Approved Date	
Outstanding Advance			
☐ Entered into CalATERS System			
☐ Entered into Log Check Number:			