



**THE SCHOOL DISTRICT OF GREENVILLE COUNTY
TRAVEL ADVANCEMENT REQUEST**

NAME _____

LOC# _____ **VENDOR** _____

DATE: _____

PURPOSE OF ADVANCEMENT: (what, when, where, etc.)

AMOUNT REQUESTED: _____

(Amount subject to Board Administrative Rule)

DATE REQUIRED _____

Please check policy manual.

ACCOUNT # _____

PLEASE DELIVER CHECK TO: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____