**JMU WellsOne REQUEST FOR FUNDING Employee**

Name of Traveler \_\_\_\_\_\_\_\_\_\_\_\_\_\_(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee PeopleSoft HR ID# \_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_

Amount Requested $\_\_\_\_(3)\_\_\_\_\_\_\_ Travel Dates \_\_\_\_\_\_\_\_(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TA# (5)

Destination \_\_\_\_\_\_\_\_\_\_\_(6)\_\_\_\_\_ \_\_\_\_\_ Purpose of Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(7)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees who qualify for and choose to decline the use of a travel charge card are not eligible to receive a travel advance loan to cover travel expenses. Likewise, if an employee’s travel card has been taken away due to a delinquent status, that employee is not eligible for WellsOne Card for official University travel from the University Business Office. The approving authority’s signature below indicates they or their designee has reviewed the attached Per Diem Calculations for accuracy and have ensured the traveler is aware of the appropriate use of the requested funds.**

\_\_\_\_\_\_(8)\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(10)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Approving Authority\* Title

**[\*Approving Authority Signature** represents one of the following: Vice President, Assistant Vice President, Dean, Director, or Department Head, who is the Approving Authority for this DeptID must sign]

Upon completion of this travel, I will return the WellsOne Card to the University Business Office within five business days. I will promptly file a Travel Expense Reimbursement Voucher (TERV) with **supporting documents, including a copy of the signed Request for Funding and TA**. ***The completed TERV will denote on the 1st line the amount actually expended against the WellsOne Card***. If the total of legitimate expenses exceeds the card transaction total, I may be reimbursed for the difference. However, if the legitimate expenses are less than the card total spent, I must reimburse the department within 30 days of the trip return date.

\_\_\_\_(11)\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(12)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_(13)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Traveler Department Name and DeptID#

*A copy of the completed* ***Travel Authorization*** *and the* ***Commonwealth of Virginia Per Diem Calculation [http://perdiem.vccs.edu/]*** *must be attached for processing.*

Revised 11/20/2013