

**EMPLOYEE TRAVEL
 ADVANCE REQUEST**

Current travel cardholders should use an ATM machine to withdraw travel advances from their travel card.

Cash advances for travel will be considered in the following special situations only:

- *Traveler's travel card has been revoked or is restricted (no ATM access);*
- *New employee must travel before a travel card has been received;*
- *Current travel cardholder is traveling to a remote foreign location that does not have ATMs.*

To request a cash advance for these special situations, travelers must submit an APHIS Form 62-R to the Travel Services Center. In the case of travelers whose travel card has been revoked, these employees must also submit to the Travel Services Center an MRP-13 form for approval by the APHIS Administrator. These requests must be received by the Travel Services Center at least 21 calendar days prior to travel.

EMPLOYEE'S NAME AND TITLE <i>(Please print or type)</i>	EMPLOYEE'S PROGRAM UNIT	EMPLOYEE'S GRADE
SUPERVISOR'S NAME	EMPLOYEE'S DUTY STATION	DATE

HAVE YOU EVER HAD A GOVERNMENT TRAVEL CREDIT CARD? *(Please explain below)*
 YES IF YES, WHY DO YOU NO LONGER HAVE ONE?

NO IF NO, WHY NOT?

REQUESTED TOTAL TRAVEL ADVANCE	HOTEL	M&IE	LOCATION OF TRAVEL	DATES OF TRAVEL
\$	\$	\$		

WHY CAN'T PERSONAL FUNDS BE USED AND WHEN REIMBURSED THROUGH THE TRAVEL VOUCHER PROCESS? *(Please Explain)*

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE. IF AN ADVANCE IS GRANTED, I AGREE TO REPAY THE ENTIRE ADVANCE AMOUNT UPON MY RETURN FROM TRAVEL. I UNDERSTNT THAT FAILURE TO REPAY WILL LEAD TO DENIAL OF FUTURE TRAVEL ADVANCE REQUEST, SALARY OFFSET, AND COULD LEAD TO DISCIPLINARY ACTION.

EMPLOYEE'S SIGNATURE	DATE
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CONCURRENCE

THIS IS OFFICIAL TRAVEL. THE DUTIES THIS EMPLOYEE WILL PERFORM ARE ESSENTIAL TO MISSION ACCOMPLISHMENT, AND THIS EMPLOYEE IS THE ONLY EMPLOYEE AVAILABLE TO PERFORM THESE DUTIES. BASED ON THE ABOVE INFORMATION, A TRAVEL ADVANCE IS NECESSARY FOR THIS EMPLOYEE TO PERFORM THIS TRIP.

SUPERVISOR/MANAGER'S SIGNATURE	DATE
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PROGRAM DUTY ADMINISTRATOR'S SIGNATURE	DATE
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THE ABOVE INFORMATION HAS BEEN VERIFIED AND ACCURATELY REFLECTS THE CARDHOLDER'S SITUATION.

TRAVEL SPECIALIST, FINANCIAL MANAGEMENT DIVISION, SIGNATURE	DATE
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APPROVAL

APPROVED YES NO	AMOUNT \$ _____
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ACTING ADMINISTRATOR'S SIGNATURE	DATE
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