

TRAVEL ALLOWANCE REQUEST FORM

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Accessibility level	A	Effective date	1/20/2021

Date: / /

This form is used to request travel allowance if you are not traveling during your vacation, or traveling to counties other than your original one as approved in your contract.

Full Name: _____	ID Number: _____
Department: _____	Date of Employment: _____
Country of Origin (as stipulated in the work contract):	
Reason for the allowance:	
Accompanying Dependent(s):	
Names	Relationship
1)	
2)	
3)	
Address While on Leave (And Contact Phone Number):	
<p>I request approval for a travel allowance instead of my annual ticket(s) as per FBSU rules & regulations. In the case of married contract, I declare that my dependents had lived with me for at least 180 days during the period starting from the beginning of the current academic year until the last day of the Spring semester of the same Academic Year.</p> <p>I am also aware that the approved amount of travel allowance will be added to my account receivable and will be deducted from my salary if no evidence of the 180 days residency is submitted no later than two weeks after the end of my vacation.</p>	
Employee's Name and Signature:	
Date & Academic Year:	

FBSU Official Use Only

VP for Finance and Administration	Date:	
Budget Approval (Name and Signature):	Date:	
Costs	Percentage Approved	Amount
Ticket (s)		
Ground Transportation		
Miscellaneous:		
Total:		

