

AAAS S&T POLICY FELLOWSHIPS

TRAVEL AUTHORIZATION / TRAVEL ADVANCE

(ALL ADVANCE MONIES ARE FOR EXCLUSIVE USE BY THE REQUESTOR & MAY NOT BE SHARED)

| NAME: | | EMAIL: | | | |
|---|---|-----------------------|--|--------------------------------|--|
| Total Estimated Trip Cost (including airfare, even if booking through CONCUR): | | | | | |
| Advance Amount Requested (deduct CONCUR Costs; whole, round number amounts): | | | | | |
| *Travel/ | Training Approval Attached: | | | | |
| | it of registration page (clearly states | name and | d location and registration dea | adline information) | |
| lvances are li | ndatory documentation, if not attached, thi mited to \$5000, whole numbers and show to do DES TRAVELER HAVE ANY OUTSTA NO YES | uld be eq eduction | ual to or less than the total arby AAAS. | mount of the trip and are subj | |
| If YES, please state the outstanding amount. \$ | | | | | |
| | TRAVEL INFORMATION | | | | |
| (if multiple events, please print and attach all support documentation requested) | | | | | |
| N | JAME AND LOCATION OF TRAVEL/TRAINING | TR | DATES OF AVEL/TRAINING | AMOUNT REQUESTED | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | - | | | |
| 4. | | | | | |
| | | | | | |

CERTIFICATION BY THE FELLOW

I understand that a full accounting of this advance must be received at AAAS within 30 business days of the scheduled end date of my trip as noted above, or the American Association for the Advancement of Science will withhold my next stipend payment, unless I provide evidence of extenuating circumstances sufficient that the AAAS Director or Senior Project Administrator for Finance requests an extension.

By requesting an advance, you are agreeing to the above terms.

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*PLEASE ALLOW 15 WORKING DAYS TO PROCESS THE TRAVEL ADVANCE AND PROVIDE THE DIRECT DEPOSIT FORM (if you have not received a reimbursement or advance)

Complete and upload to Fyle as an Advance along with STPF Approval Document and any supporting documentation.