

Travel Prepayment

** For AP use Only **

Banner Invoice #

Section 1 - Type of Travel
Pick One:
 Day Travel

 Overnight Travel

 Date of Travel: 4/1/26

Encumbrance # E _____

Dates of Travel: _____

Section 2 - Make Check Payable To:

 Date: 3/11/26

 Title: Medical Student

 Banner ID #: 9161234567

 Payment to: Joe Jones

 Email: Jonesj14@rowan.edu

 Phone: 123-456-7890

 Mailing Address: 123 Maple Rd.

 City: Sunset

 State: NJ Zip: 01234

Admin. Asst. Name: _____

Admin. Asst. Phone: _____

Admin. Asst. Email: _____

Department Name & Building: _____

Section 3 - Type of Prepayment

Please complete and check all appropriate boxes that may apply.

 Reimbursement
 Airfare

 Conference Fee / Registration Fee

 Name of Conference: ABC Conference

 Travel Destination: Philadelphia, PA

(City & State)

Section 4 - Description of Prepayment (For more information please visit: [Travel Policy](#))

Date	Items	Description of Prepayment (In Detail)	Amount
4/1/26	Registration fee	ABC Conference Registration	100.00
Please attach original receipts.			Grand Total: 100.00

Section 5 - Accounting Information

Index #	Fund #	Organization #	Account #	Program #	Amount

Please Note:

- This form is used for prepayment of expenses with an approved travel encumbrance number, or for Day Travel.
- Prepayment of travel expenses include reimbursement for conference fees, registration fees and airfare.
(Note: payments made directly to a vendor must be paid via Pcard or requisition.)
- Itemized receipts and proof of payment must be attached to this form.
- Employees use Travel Account #7216, Students use Travel Account #7217.

Leave Section 5 Blank!
Section 6 - Signature & Consent

 I hereby certify that the travel expenses indicated hereon, will be incurred to accomplish official Rowan University business pursuant to the travel authority granted to me by the Encumbrance number noted above and/or the guidelines set forth in the Travel Policy.

 Traveler Signature: Joe Jones

 Date: 3/11/26
Section 7 - Appropriate Approvals (Print and Sign)

Department Chair/Head/Dean: _____ Date: _____

Grants: _____ Date: _____

Accounts Payable: _____ Date: _____