INDUSTRIAL SAFETY TRAINING COUNCIL
EMPLOYEE EXPENSE ADVANCE

Employee Name:

Date of Function/Travel:

Reason for Advance:

_____

_____

Estimated Hotel Fee: $

Estimated Mileage: $

Estimated Meal Cost: $

Total Advance: **$**

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

President & CEO
Signature: _____ Date: _____