USF UNIVERSITY OF SOUTH FLORIDA

TRAVEL AUTHORIZATION REQUEST

To ensure that your travel request is promptly approved, please provide the information below at least 25 BUSINESS DAYS PRIOR to your departure date. **AUTHORIZATION IS REQUIRED**. Once your authorization is approved, and we receive authorization from Travel, you can begin to make purchases toward your trip. Travel on University business must be authorized in advance and Travelers are not to incur travel expenses without first obtaining the appropriate approvals. Please fill out the information below as accurately as possible. This is an estimate of what your travel will cost.
Fill out the form electronically, save it, and send TAR including proof of conference participation (invitation letter to the conference and/or a copy of the conference program) per email (no hardcopies) to Claudine Boniec for processing after which you will be contacted with confirmation that your travel has been approved. Please contact Claudine Boniec if she can be of any further help. Your cooperation with this process is greatly appreciated.

Today's Date: _____

Traveler's Name: _____ Employee ID #: _____

Purpose of Trip: _____ Are you presenting: YES ☐ NO ☐

Location: _____ (City, State/Country)

Departure Date: _____ Return Date: _____

Funding Source: ☐ WLE annual budget $1000 ☐ Grant/Award ☐ Start Up ☐ Other: _____

If using a combination of funding sources check all that apply with total funding here: _____

Please provide source name if grant or award: _____

PLEASE FILL OUT APPROXIMATE EXPENSES BELOW

EXPENSE TYPE	*AMOUNT*
AIRFARE	
HOTEL	
REGISTRATION	
MEMBERSHIP FEES	

EXPENSE TYPE	*AMOUNT*
MEALS (domestic $36/day, int. varies by country)	
TRANSPORTATION	
OTHER	
INCIDENTALS	
	TOTAL:

During your trip please remember to keep **DETAILED ORIGINAL RECEIPTS** for expenses that you will request reimbursements for with the exception of meals which do not require receipts.
If they are foreign receipts please **TRANSLATE THEM** for us therefore we know what the receipts are.

CHAIR SIGNATURE: _____ Approved ( ) Not approved ( )

$	% approved	UNIT	DEPT	FUND	PRODUCT	INITIATIVE	PROJECT