



Travel Authorization Request (TAR)

College of Community Innovation and Education

Requestor's Information

Full Name <small>as on Drivers License or Passport:</small> E-mail: Address: Department/Project Name: Department/Project Number: Department/Project Name: Department/Project Number: Funding Source:	UCFID/VendorID: DOB: Phone Number: US Citizen: Yes No Amount Amount Position
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Event Information

Destination(s):
 If travel is outside the United States, you must register your trip at: <https://bit.ly/2SybOtH> Please contact 3-6300 if you have any questions.

Departure Date: **Return Date:**

Name of Conference/Meeting:
Dates of Conference:
Departure/Arrival Airport:
Website:
Registration Deadline:

Justifications

Purpose of Trip:
Benefit to University:

Event Estimates

Description	# miles/days	Amount	Total	Comments
Registration				
Airfare/Train				
Hotel				
Meals -Note: for domestic travel only	See department travel contact for international meal allowances			
Breakfast				
Lunch				
Dinner				
Total Meals				
Mileage				
Car Rental				
Parking				
Taxi/Tolls/Shuttle				
Other (Immunizations, Presentation/Exhibit Materials, etc. - List in Comments)				
Requested Amount				
Approved Amount by Chair/Director				

List all missed obligations as a result of this travel (i.e. class sessions, office hours, meetings, etc.) and plans for coverage of these obligations.

******All required documents must be attached (i.e. International travel approval, agenda, presentation acceptance letter/email, etc.) ******

Traveler Print Name	Traveler Signature	For Office Use Only
		REQ #
		PO#
P.I. Print Name - If Applicable	P.I. Signature - If Applicable	
Traveler's Supervisor Print Name	Traveler's Supervisor Signature	