



Florida International University
TRAVEL AUTHORIZATION REQUEST FORM (T.A.R.)

Prepared By: _____
 Preparer's Phone and Fax #: _____

T.A.R. # assigned: _____ Date : _____

Dept ID/Proj ID: _____
 Proj. ID, indicate funding: Federal State Private/Other

Traveler Information:
 Name: _____ Panther ID: _____
 Home Address: _____ City/State/Zip: _____

Trip Information:
 Destination: _____ Departure Dt/Time: _____ Return Dt/Time: _____
 Purpose of Trip: _____
 Benefit to State/Project: _____
 Others going to the same destination for the same purpose: _____
 Is expenditure reimbursable from other source? YES, (Indicate Source) _____ NO
 Is a cash advance being requested, if so a Cash Advance request form must be submitted? YES NO
 If Foreign Travel, has foreign travel insurance been purchased through Environmental Health & Safety for the traveler? YES NO
 In case of travel emergencies, who in your department may we contact? Name: _____ Ext: _____

Estimated Costs:	Amount	PC
Common Carrier (Must be US carrier if a Federal project)	_____	<input type="checkbox"/>
Hotel	_____	<input type="checkbox"/>
Rental Car	_____	N/A
Registration Fees	_____	<input type="checkbox"/>
Per diem/Meal Allow	_____	N/A
Mileage (private car)	_____	N/A
Incidental Expenses	_____	<input type="checkbox"/>
Total Estimated Cost =	<u>\$0.00</u>	

PC → *PC- check this box if you intend to (1) pay using a Purchasing Card, (2) purchase via Traveleaders/Accounts Payable or (3) Incur any other expense that does not need to be encumbered. All unchecked amounts will be encumbered until trip is completed and the Travel Voucher is processed.

Authorization:
 Traveler's Signature _____
Pursuant to Section 112.061 (3) (a) Florida Statutes, I hereby certify or affirm that this travel is on official business of the State of Florida and will be performed for the purpose(s) stated. If Project related, this travel is necessary for the success and completion of the project. If foreign travel and if I declined to purchase insurance, I am certifying that I am aware that my health insurance may not cover the medical expenses or emergencies in the foreign country.

Approvals:
 Supervisor Signature: _____ Date: _____ Panther ID: _____
 When applicable:
 2nd level Approver Date: _____ Panther ID: _____
 OSRA Approval Date: _____ Panther ID: _____