

Florida International University

The State University of Florida at Miami

Controller's Office University Park CSC-310 Miami, Florida 33199

Application for Advance on Travel Expenses

Payee: _____ Extension: _____ Panther ID Number: _____

Dep't. Name: _____ Dep't/Proj ID: _____

Travel Period: _____ through _____ Destination: _____

Purpose of Travel: _____

Justification - Statement of purpose or benefit expected to be derived to serve the interest of Florida International University. Explain nature of emergency or reason for not using University Purchasing System, attach additional page as needed:

Estimated Cost of Travel:

* Meals \$ _____ per day x _____ days = \$ _____

* Hotel \$ _____ per day x _____ days = \$ _____

** Transportation = \$ _____

Incidental Expenses:

Type: _____ \$ _____

Type: _____ \$ _____

Total Incidental Expenses = \$ _____

Total Estimated Expenses = \$ _____

x 80%

TAR # :

Total Advance Requested = \$ _____

*If the per day allowance exceeds \$50, an explanation must be furnished.

**Estimated cost for common carrier and rental charges billed directly to the Controller's Office of Florida International University shall not be included in the travel advance calculation.

I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at the conference or convention directly relates to the official duties of the agency; any meals or lodging included on the registration fee have been deducted from this travel advance request. If the travel advance exceeds actual travel expense incurred, I will refund to the University the remaining unexpended funds within ten (10) workdays after completion of the travel period. If I am an Employee and the Travel Advance is not settled within ninety (90) days upon completion of the trip, I authorize the University to collect the appropriate amount through payroll deduction from my salary and/or vacation owed to me in the case of my separation from University employment.

Traveler's Signature: _____

Title: _____

Date Prepared: _____

Pursuant to Section 112.061, Florida Statutes and the University Travel Expense Policy, I hereby certify or affirm that the above anticipated travel will be on official business of the University.

Supervisor Signature: _____ Panther ID Number: _____

Title: _____

Date Prepared: _____