



Travel Authorization & Advance Request (TAAR)

Trip Details

Traveler Name _____ Banner ID# _____

Department _____

Trip Destination _____ Trip Dates _____

Conference / Workshop Title (if applicable) _____ Attach Conference Agenda or Itinerary

Describe the business purpose of the trip:

Traveler's Estimated Expenses

	Estimated Total Expenses	Advance Amt Requested	Notes
Registration Fees		N/A	
Lodging		N/A	
Airfare		N/A	
Auto Rental		N/A	
Mileage		N/A	
Meals			
Taxi / Bus / Subway / etc.			
Parking & Tolls			
Tips/Gratuities (not on receipts)			
Miscellaneous (Note Required)			
Total Estimated Expenses			

Date Travel Advance Required By _____
(Generally not 10 working days prior to departure)

Please select one method for meal reimbursement: Flat Rate Method Receipt Method

Flat Rate Method: Traveler does not need to collect receipts and agrees to a flat rate of \$50/day (\$40 on first and last day) maximum reimbursement.
Receipt Method: Traveler must collect all **original, itemized** receipts. Reasonableness is determined by the federal Per Diem Rate for the destination city.

Per diem rates are available at: <http://www.gsa.gov/portal/category/21287>

Dean/Department Approval

FOAP _____	Amount _____
FOAP _____	Amount _____
FOAP _____	Amount _____

TOTAL EXPENSES REIMBURSED NOT TO EXCEED:

APPROVAL _____ DATE _____

SECOND APPROVAL (IF REQUIRED) _____ DATE _____

Business Office Use Only

Admissions: 110000-1375 Ceramics: 111000-1374 Athletics: 110000-1376 All Others: 110000-1374

Cash Received: _____
Signature _____ Date _____