



Florida Atlantic University

Application for Advance on Travel Expenses

Payee: _____ Employee ID#: Z000_____TAR#_____

Headquarters: _____ Department:_____

Travel Period: _____ through _____ Destination: _____

Purpose of Travel:_____

Justification: _____

Estimated Cost of Travel:

* \$ _____ per day X _____ = \$ _____

** Transportation
Incidental Expenses:

Type: _____

Type: _____

Total Incidental Expenses \$ _____

Total Estimated Expenses \$ _____ X 80%

Advance Travel Allowed \$ _____

* If the per day allowance exceeds \$80, an explanation must be furnished.

** Estimated cost for common carrier and rental charges billed directly to FAU 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 FAU; any meals or lodging included in the registration fee have been deducted from this travel advance request. I will submit a Travel reimbursement form within 30 days after completion of the travel. If the travel advance exceeds actual travel expenses incurred, I will refund to Florida Atlantic University the remaining unexpended funds within 30 days after completion of the travel. I understand that failure to submit the Travel Reimbursement Request along with a check for any unexpended funds may result in a garnishment of my wages.

Traveler's Signature: _____

Title: _____ Date Prepared:_____

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

Supervisor Signature: _____

Title: _____ Date Prepared:_____