



FLORIDA ATLANTIC UNIVERSITY

CHANGE ORDER OF TRAVEL AUTHORIZATION REQUEST

Do not use for electronic TARRS

TRAVELER'S NAME:

SOCIAL SECURITY NUMBER:

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DESTINATION:

DEPARTURE DATE:

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TAR #:

DEPARTMENT #

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REASON FOR CHANGE:

INCREASE TAR BY \$

DECREASE TAR BY \$

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AUTHORIZED SIGNATURE

DATE

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CONTROLLER'S OFFICE USE ONLY:

INITIALS DATE

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