**Complete form and attach to email request for Chair’s approval (Cc:** [**patricka@fau.edu**](mailto:patricka@fau.edu)**).**

**Faculty must include completed** [**Faculty Absence Notification/Leave Request Form**](file:///\\elway\Honors\Faculty%20Research%20and%20Travel%20Accounts\Forms\Faculty%20Absence%20and%20Leave%20Request) **with TAR submission.**

**Domestic travel: At least 2 weeks in advance and/or International travel: At least 3 weeks in advance**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** (as it appears on your travel I.D.): | |  | | | | | | | | | | | | | | | | | |
| **Extension**: | |  | | | | | | | |  | | | | | | | | | |
| **Z#:** | |  | | | | | | | |  | | | | | | | | | |
| **Benefit to State**: | |  | | | | | | | | | | | | | | | | | |
| **Destination**: | |  | | | | | | | | | | | | | | | | | |
| **Purpose of Travel**: | |  | | | | | | | | | | | | | | | | | |
| **Conference Title** (if applicable): | |  | | | | | | | | | | | | | | | | | |
| Departure (from home or campus): | Date: | | *(M/d/yyyy)* | | | | | Time: | | : | | | Location: | | | |  | | |
| Return (to home or campus): | Date: | | *(M/d/yyyy)* | | | | | Time: | | : | | | Location: | | | |  | | |
| Will you miss any classes? |  | | | | Yes | | |  | | No | | |  | | | | | | |
| If yes: | Date: | | | *(M/d/yyyy)* | | | | Course#: | |  | | | | | | | | | |
|  | Coverage: | | |  | | | | | | | | | | | | | | | |
|  | Date: | | | *(M/d/yyyy)* | | | | Course#: | |  | | | | | | | | | |
|  | Coverage: | | |  | | | | | | | | | | | | | | | |
|  | Date: | | | *(M/d/yyyy)* | | | | Course#: | |  | | | | | | | | | |
|  | Coverage: | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Source(s) of Funding: | E&G | | | | |  | Amount: | | | $ | Account#: | | | | |  | | | |
|  | Foundation | | | | |  | Amount: | | | $ | Account#: | | | | |  | | | |
|  | Grant | | | | |  | Amount: | | | $ | Account#: | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Estimated Expenses: | Lodging\*: | | | | | $ | | | (include estimated tax if applicable) | | | | | | | | |  |  |
|  | Registration: | | | | | $ | | | **Pay with P-Card?** | | |  | | **Yes** | | | |  | **No** |
|  | Car Rental\*\*: | | | | | $ | | | Enterprise/National Contract Rate? | | |  | | Yes | | | |  | No |
|  | Airfare\*\*\*: | | | | | $ | | | **Pay with P-Card?** | | |  | | **Yes** | | | |  | **No** |
|  | Airport Parking: | | | | | $ | | |  | | | | | | | | | | |
|  | Cabs/Shuttles: | | | | | $ | | |  | | | | | | | | | | |
|  | Other: | | | | | $ | | | Type of Expense: | |  | | | | | | | | |
|  | Per Diem: | | | | | $ | | | Leave this field blank. | |  | | | | | | | | |
|  | Mileage: | | | | | $ | | | Leave this field blank. | |  | | | |  | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| \*Hotel receipts must be itemized  \*\*For instructions on reserving Enterprise or National rental car using the State of Florida rates click [here](http://www.fau.edu/controller/travel/car_rental.php). If not using Enterprise/National, a justification must be provided. | | | | | | | | | | | | | | | | | | | |
| \*\*\*Reimbursements are for economy/coach rates only. Upgrades are at traveler’s expense unless justified. | | | | | | | | | | | | | | | | | | | |

For additional information on FAU’s Expense/Travel Policies and Procedures, click [here](http://www.fau.edu/controller/travel/Expense%20Travel%20Policies%20and%20Procedures.pdf)