

## COMPLIMENTARY TAR \* REQUEST FORM

Name:	<input type="text"/>		
Extension:	<input type="text"/>		
Travel Authorization from Supervisor:	<input type="checkbox"/> Yes (Please forward email confirmation.)		
Destination:	<input type="text"/>		
Purpose of Travel:	<input type="text"/>		
Departure:	Date: <input type="text"/>	Time: <input type="text"/>	(Leaving from home or campus)
Return:	Date: <input type="text"/>	Time: <input type="text"/>	(Returning to home or campus)
Will you be missing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes":	Date: <input type="text"/>	Course # <input type="text"/>	
		Coverage: <input type="text"/>	
	Date: <input type="text"/>	Course # <input type="text"/>	
		Coverage: <input type="text"/>	
	Date: <input type="text"/>	Course # <input type="text"/>	
		Coverage: <input type="text"/>	
Additional Information:	<input type="text"/>		

**\* Work related travel at no cost to the University.**