

TRAVEL AUTHORIZATION REQUEST INFORMATION FORM

Name: _____ Panther ID# _____

Account to be Charged for the Travel: _____

Authorized PI Name: _____

Purpose of Trip (name of conference, etc.): _____

- Conference Convention Workshop Seminar Meeting Fieldwork

Benefit to FIU or Project _____

Hotel Preference: _____

Destination: _____

Date and Hour of Departure: _____

Date and Hour of Return: _____

Traveler Information: _____

Phone #: _____ Cell Phone #: _____ Email: _____

ESTIMATED COSTS

	Dept. Card**	Out of Pocket**	Amount
Perdiem/Meals: ____ Days @ \$ _____ per day	<input type="checkbox"/>	<input type="checkbox"/>	
Hotel	<input type="checkbox"/>	<input type="checkbox"/>	
Mileage (Personal Vehicle): ____ miles @ \$ _____ /mi	<input type="checkbox"/>	<input type="checkbox"/>	Include Map
Airfare	<input type="checkbox"/>	<input type="checkbox"/>	
Name of airline:			
Rental Car	<input type="checkbox"/>	<input type="checkbox"/>	
Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Incidental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	
Incidental Expenses description:			
Total Estimated Costs			\$ _____

*** Please note, TAR's that are not completely filled out will not be processed.**

****Dept. card is purchased by InWE, Out of pocket is purchased at your personal expense**

If Department card is paying for any of your travel expenses please provide exact flight information, completed registration forms, specific hotel details, dates, etc.