

TRAVEL APPROVAL REQUEST FORM (TAR) Form
(Please submit at least 7 days prior to trip)

Date: _____

Traveler Last Name: _____ First Name: _____

Department: Philosophy

Social Security Number: _____
(NOT UID)

Phone Number: _____ Email Address: _____

Complete Address (Reimbursement check to be mail to)

Street _____

City _____ State _____ Zip Code _____

Departure Date: _____ Return Date: _____

Origin: _____ Destination: _____

Purpose: **(Please be specific):**

Estimated Expenses: (indicate with a zero on total expenses, if **NO COST TRAVEL**):

Air/Rail/Bus: _____ please indicate if using a University Travel agency or Dept.

Credit card: _____

Lodging: _____

Taxi: _____

Parking Fees: _____

Bridge/Tolls: _____

Registration Fees: _____

Meals: _____

Miles (if using own vehicle): _____

Miscellaneous: _____

Total Estimated Expenses: _____

Funding source and amount:

(For example: DRIF- \$500 ARHU Grant- \$500)

1. _____ 2. _____

If you are receiving a travel grant (example: ARHU, Goldhaber) include proof with form.

If using sponsored/grant funds, ORAA approval must be obtained prior to trip.

Travelers Signature: _____

Please keep all your receipts from your trip because you will need them to be reimbursed.