

Florida Atlantic University
Travel Spend Authorization Request Estimate

Name: _____ Z# _____

Destination _____ Departure Date: _____ Time: _____

TAG # to Charge: _____ Return Date: _____ Time _____

Title of Conference/workshop :(attach program) _____
For trips without an agenda - must complete Research Accounting form (RA) 2nd page.

Benefit to the state: _____

Expense Type	Dates	Name of Vendor	Est. Cost	Check either being paid by Pcard Or being reimbursed for out of pocket expense	
				Pcard Charges	Traveler (Out of pocket expenses being reimbursed)
Airfare					
Hotel (for hotels stay in Florida No tax is allowed on pcard, make sure to use tax Exempt card)					
Rental Car (use Enterprise or National for state rates) use link below http://www.fau.edu/controller/ travel/car_rental.php					
Gas for rental car					
Mileage (if using personal car (.445 mile) attach google map					
Registration (attached program Itinerary)					
Meals-Per Diem Breakfast \$6.00 (before 6am and beyond 8am) Lunch \$11 (before 12 and beyond 2pm) Dinner \$19.00 (travel before 6pm-beyond 8pm)				Food is not allowed on Pcard (if put on pcard you will have to reimburse FAU)	
Using State Vehicle (use state gas card if available)					
Tolls/Parking/Taxi/Tips					
Misc. -(describe)					

Total Est. Cost of Trip: _____ \$

Traveler Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



**Research Accounting
Travel Information Sheet**

Please complete this form for grant accounts if you are unable to obtain an agenda.

Traveler Information (Required)			
Name of Traveler:			
Traveler Phone Number:		Traveler Email:	

TAG Information (Required)			
Will the travel cost be allocated to multiple TAG numbers?	Yes	No	
If yes, please provide all TAG number related to this trip:			
Please explain the allocation method used to charge each TAG if the trip cost has been allocated to multiple TAG numbers:			
Please Refer to the Research Accounting 10.5.7 Direct Cost Policy pages 5 & 6 regarding the allocation method justification. See link below.			

Conference/ Meeting Information (Required)	
Type of trip (Conference, workshops, Research Collaborations, etc.):	
Meeting /Conference Title:	
Departing Location (City, State, Country):	
Arriving Location (City, State, Country):	
Start Date and Time:	
End Date and Time:	
Traveling companion name if Applicable:	

What is the purpose of the trip? (Required)

How does this trip benefit the research project? (Required)

For any Additional Information:
For Example, if traveling to multiple locations for both business (grant) and personal, please provide exact dates of travel related to business purpose or if traveling to multiple locations for business (grant) purpose, please provide all locations and timeframes.

Form Completed by: _____ Date of Completion: _____

NOTE:
10.5.7- Direct Cost Policy
http://www.fau.edu/research/docs/policies/researchacct/direct_cost.pdf