STUDENT AFFAIRS & STUDENT SUCCESS
UNIVERSITY OF SOUTH FLORIDA

Request for Travel Approval

DEPARTMENT:

SUPERVISOR'S NAME:

TRAVELER INFORMATION

TYPE OF TRAVEL: ☐ **Professional Development** ☐ **General Business**

NAME	TITLE	EMPLOYEE ID

Dates of Travel:

Time of Departure: **Time of Return:**

Destination:

Name of the Event/Conference:

TRIP PURPOSE/JUSTIFICATION: *(If your request requires granting an exception to the Professional Development Travel Approval Policy please provide justification for the exception.)*

REIMBURSEMENT CAP: My signature below acknowledges that the total reimbursement to which I may be entitled for my upcoming travel on behalf of USF Student Affairs is limited to the total number below. I understand that I will not be compensated for any additional expenses incurred that exceed the total amount below. Regardless of my overall expenses, I will only be reimbursed for actual expenses up to this agreed upon amount. This includes any portion of my travel that may be prepaid by USF P-Card, Purchase Order, or Payment Request Form. I accept responsibility to provide all receipts and proof of expenses upon my return to the SASSC Travel Office for processing the required Travel Expense Report.

ESTIMATED TRIP COST:

(Please estimate on the high)

Airfare	
Lodging	
Registration	
Other Transportation	
Meal Allowance	
Other Expenses ***(Please list details below)***	
Total Cost $	0

CHARTFIELD INFORMATION:

(Department paying for this travel)

OPERATING UNIT:	
FUND:	
DEPARTMENT:	
PRODUCT:	
INITIATIVE:	
PROJECT:	
Name of person who is booking travel:	
Name on P-Card(s) used to pay for expenses:	

Traveler Signature: Date:

Department Director/ Designee Signature: Date:

AVP Level Signature: Date:

Please send this form to SASSC-Travel@usf.edu when required signatures have been obtained for TAR processing.

VP for Student Affairs Signature: Date: