



Application for Advance on Travel Expenses

Payee: _____ Employee ID#: Z _____ TAR# _____

Headquarters: _____ Department: _____

Travel Period: _____ through _____ Destination: _____

Purpose of Travel: _____

Justification: _____

Estimated Cost of Travel:

Meals \$ _____ per day _____ = \$ _____

Lodging * \$ _____ per day _____ = \$ _____

** Transportation
Incidental Expenses:

Type: _____ = \$ _____

Type: _____ = \$ _____

Total Incidental Expenses = \$ _____

Total Estimated Expenses = \$ _____ x **80%**

Advance Travel Allowed = \$ _____ **(Attach Roster)**

* If the per day allowance exceeds \$80, an explanation must be furnished.

** Estimated cost for common carrier and rental charges billed directly to FAU shall not be included in the travel advance calculation. Any anticipated p-card charges should not be included in the travel advance calculation. I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties. I am personally responsible for any payments made from the funds advanced and such funds are allowable according to University rules and regulations (112.061 of the Florida State Statutes). The reimbursement must be completed and submitted with all supporting documentation to the University Controller's Office (Building 10/Room 149) within thirty days (30) of the end of the travel period. The Internal Revenue Service requires that cash advance reconciliations not filed within thirty days be taxable. (IRS pub 463, accountable plans). In the event that I do not return the advance or properly account for the use of the funds (TAR Reimbursement Form) within 30 days of the end of the advance period, the University may hold me personally responsible for the repayment of those funds. I understand that failure to submit the Travel Reimbursement Form along with a check for any unexpended funds may result in a garnishment of my wages. Additionally, in the event that I terminate my employment at Florida Atlantic University, I agree to repay any portion of the cash advance not on hand or properly accounted for at the time of my termination.

Traveler's Signature: _____

Title: _____ Date _____ Prepared: _____

Supervisor Signature: _____

Title: _____ Date Prepared: _____