

FLORIDA ATLANTIC UNIVERSITY

S.E. Wimberly Library

TRAVEL APPROVAL REQUEST

DATE:

TO (Dean):

Via (Supervisor):

FROM (Traveler):

Identification No. Z

Departure Date:

Return Date:

Departure Time:

Return Time:

If part of above time will be personal (annual leave), please note dates here:

Destination:

Purpose:

Benefit to FAU:

ESTIMATED EXPENSES:

Registration Paid by P-Card \$ OR Paid Personally \$

Common Carrier/Airfare \$

Rental Car \$

Meals (If not provided) \$

(Do NOT include any meals provided)

Mileage (Number of Miles)

Lodging (Including Taxes) \$

Other (e.g., Tolls, Parking, Taxi, Shuttle) \$

Description of Other

Charges on P-Card \$

Description of P-card Charges

TOTAL ESTIMATED EXPENSES \$