



Travel Authorization Request

Procurement Services – Modular II
Office of the Controller

Phone: (239) 590-1130
Fax: (239) 590-1140

10501 FGCU Boulevard South
Fort Myers, FL 33965

① UIN#: _____ ② Index/Fund/Org: _____ ③ Date: _____ TAR#: _____
 ④ Name (L, F): _____ ⑥ Telephone #: _____ ⑦ Check One:
 Employee Student
 Non-Employee / Independent Contractor
 ⑤ Address: _____
 Street City State Zip Code

⑧ Purpose of Trip: _____
 Statement why FGCU should be represented: _____
 (Only required for conferences or conventions) _____

⑨ Is expenditure from another source? Yes No If yes, enter source: _____

⑩ List others attending; attach justification for more than three: _____

⑪ Departure		⑫ Destination(s)	⑪ Return	
Date:	Time:		Date:	Time:
Expenses	⑬ Estimated	Actual Amount Expensed	Comments	
Meals & Per Diem	_____	_____	(Please check how the following will be paid)	
Hotel	_____	_____	<input type="checkbox"/> P-Card	<input type="checkbox"/> Personal Card
Miscellaneous	_____	_____		
Total Mileage	_____	_____		
Air Fare	_____	_____	<input type="checkbox"/> P-Card	<input type="checkbox"/> Travel Agent <input type="checkbox"/> Personal Card
Car Rental	_____	_____	<input type="checkbox"/> P-Card	<input type="checkbox"/> Personal Card
Registration Fee	_____	_____	<input type="checkbox"/> P-Card	<input type="checkbox"/> Personal Card <input type="checkbox"/> PO
Total	_____	_____	*Expenses being paid with a P-Card will not be encumbered; all others will unless otherwise noted.	

⑭ Travel Agent Used:
 No If yes, name: _____

⑮ University Owned Vehicle Used:
 Yes No

⑯ REQUIRED SIGNATURES

In accordance with Chapter 2009-82, Section 58, Laws of Florida, I hereby certify that this travel is "mission critical" to Florida Gulf Coast University and will be performed for the purposes stated above and in accordance with Section 112.061, Florida Statutes.

Traveler Signature	Title	Date	⑰ Initiated by	Department	Extension
Supervisor Signature	Title	Date		For the Travel Desk:	
Dean or VP Signature	Title	Date		Encumbered:	_____
				Reimbursed:	_____

⑯ REQUIRED SIGNATURES FOR INTERNATIONAL TRAVEL

_____ AND _____
 President's Signature Date