TRAVEL AUTHORIZATION REQUEST
DEPARTMENT OF PHILOSOHPY

To ensure that your travel request is promptly approved, please provide the information below at least **25 BUSINESS DAYS PRIOR** to your departure date. **AUTHORIZATION IS REQUIRED**. Per University Policy, travelers are not permitted to incur any business-related travel expenses prior to receiving travel authorization. This form will represent the estimate of your total travel costs; however ***the Philosophy Department will only pay the agreed preset travel amount of $750.00 per year per traveler***. If there are expenses that can be paid in advance (such as airfare of conference registration) that do not exceed the Department preset amount of $750.00, please indicate on the form below that you would like assistance with these expenses so that the prepayment can be handled accordingly. If you need assistance, please contact Kelsey Wilkinson, kmwilkinson@usf.edu. Your cooperation with this process is greatly appreciated.

Travel Policy Reminders:

- USF allowable amount for airfare is $500.00 for domestic flights (U.S. & Canada) and $1,200.00 for international flights. USF will typically only pay/reimburse amounts for Economy airfare.
- USF allowable for hotel stay is $200.00 per night unless staying at conference hotel.
- USF allowable for rental cars: Economy Class rental car only.
- Meal per diem is $36 per day domestic (minus any meals provided by conference host institution); $6 for breakfast, $11 for lunch, and $19 for dinner. International per diem varies by country.

Today's Date: _____

Traveler's Name: _____ Employee ID #: _____

Purpose of Travel: _____ Are you presenting? Yes ◯ No ◯

Location (City, State/Country): _____

Departure Date: _____ Return Date: _____

Funding Source: ☐ Dept. Preset ☐ Grant/Award ☐ Startup ☐ Other: _____

If using a combination of funding sources check all that apply with total funding here: _____

Please provide source name if grant or award: _____

PLEASE FILL OUT APPROXIMATE EXPENSES BELOW

Expense Type	Amount	Pre-Pay by Dept.	Expense Type	Amount	Pre-Pay by Dept.
AIRFARE		☐	MEALS		N/A
HOTEL		☐	TRANSPORTATION		☐
REGISTRATION		☐	INCIDENTALS		N/A
MEMBERSHIP FEES		☐	OTHER		☐

TOTAL ESTIMATED AMOUNT OF TRAVEL:

_____

During your trip please remember to keep **DETAILED ORIGINAL RECEIPTS** for expenses that you will request reimbursements for with the exception of meals which do not require receipts.
If they are foreign receipts, please **TRANSLATE THEM**.

Traveler's Signature: _____ Date: _____

Chair's Signature: _____ Approved ◯ Not Approved ◉

Amount	% approved	UNIT	DEPT.	FUND	PRODUCT	INITIATIVE	PROJECT