




Date Submitted 		Instructions Please complete the TAR and send to your respective staff point of contact (POC) for review. Once you have been notified that a purchase order has been created, please work with your POC who will arrange and pay for your travel.
Traveler's Name		
Traveler's PID#		
Destination		
Departure Date		
Return Date		
Purpose of Travel (please include name and location of meeting or conference)		
Are you Presenting? Participating on a panel? <i>Please provide Title of Paper, Panel Subject, etc</i> 		
Describe how the travel activity is critical to the mission of the university		
What funds pay for this travel? Departmental, start up, grant, balance?		
Have you applied for the COS Faculty Travel Matching Fund Program		
List All missed obligations as a result of this travel (i.e. class sessions, office hours, meetings, etc.) 		
Anticipated Expenses		
Type of Expense	Instructions	Total Expenses
Registration (99007001)	Include a copy of the registration form or any other document showing the fee amount.	
Airfare (99007002)	Refer to comment	
Hotel (99007003)	Refer to comment	
Meals (99007005)	Meals are reimbursed \$6 Breakfast; \$11 Lunch; \$19 Dinner	
Per Diem (99007006)	To be used for international overnight flights only	
Mileage (99007007) (.445/mile)	# of miles driven roundtrip	
Car Rental (99007008)	Refer to comment	
Parking (99007009)	Parking over \$25.00 per occurrence requires a receipt.	
Transportation (99007010)	Taxi & tolls over \$25.00 per occurrence requires a receipt.	
Internet & Business Calls (99007011)	Usually charged in hotel bill	
Passport/Visa/Conv.Fees (99007013)		
		Total Submitted
	Total for Amount Approved or Capped	
<i>Assistant Director's Approval Signature</i>		
<i>Director's Approval Signature (only needed for Assistant Director travel)</i>		
For NSCM Accounting Dept. Use Requisition # _____	Purchase Order # _____	