

Grant Budget Approval and Date

ST PETERSBURG COLLEGE TRAVEL AUTHORIZATION REQUEST (TAR) FORM

TAR #

Travel Authorization Request must be approved in advance according to Board of Trustee Rules, 6Hx23-5.16. Instructions for completing this form can be found on the Business Services website: http://www.spcollege.edu/central/business_services/travel.php

Traveler's Information

Today's Date: _____

Traveler's Name: _____ **Employee ID No.:** _____

Traveler's Email: _____ **Phone No.:** _____

Prepared By/Send TAR #: _____ **Copy TAR # To:** _____

Department: _____ **Campus:** _____

Destination: _____

Departure Date / Time: _____ **Return Date / Time:** _____

Purpose of Travel:
(Required) _____

Benefits to the College:
(Required) _____

Are you receiving anything of value (gift, loan, favor, reward, etc.) from any person or entity in conjunction with this TAR?
 Yes No If you answer *Yes*, please contact the General Counsel's Office for Review. (FL §112.313(2)).

Additional Comments: _____

Estimated Expenses

Type of Expense	Description of Expense	Total Expenses
Mileage (.445 per mile):	Enter Number of Miles: _____	\$0.00
Per Diem:		
Conference/Registration Fees:		
Airfare:	<input type="checkbox"/> AAA <input type="checkbox"/> PCard <input type="checkbox"/> Personal	
Lodging:	# of Nights _____ Rate per Night _____	\$0.00
Vehicle Rental:		
Fuel Charge:		
Parking:		
Tolls:		
Meal Allowance: (Enter Number of Meals)	Breakfast: _____ Lunch: _____ Dinner: _____	\$0.00
Ground Transportation (shuttle, taxi):		
Miscellaneous:		
Estimated Grand Total:		\$0.00

No meals allowed on the PCard

Budget and Approvals

	G/L Code	Fund-Department-Site	Grant ID	Amount
Cost Center:	_____	_____	_____	\$ _____
Cost Center:	_____	_____	_____	\$ _____
Approved By:	Email approved TAR form to: TAR@spcollege.edu			
Traveler's Signature:	_____	_____	_____	Date Signed: _____
Budget Supervisor Signature:	_____	_____	_____	Date Signed: _____