



## TRAVEL APPROVAL REQUEST (TAR) FORM REQUIRED FOR REIMBURSEMENT/INSURANCE

(Please submit at least 7 days prior to trip)

**Date Submitted:** \_\_\_\_\_ Date

**Traveler Last Name:** \_\_\_\_\_ **Traveler First Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **SSN (not UID):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ *If no Social Security Number, please supply password number*

**Email Address:** \_\_\_\_\_ *and copy of password with Visa type.*

**Complete Address**  
*(reimbursement check will be mailed to)* **Street**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ Date **Return Date:** \_\_\_\_\_ Date

**Origin Complete Address:** \_\_\_\_\_ **Destination Complete Address:** \_\_\_\_\_

**Purpose** *(please be specific - if Colloquium, which one)*

**Estimated Expenses** *(indicate with a zero on total expenses, if NO COST TRAVEL):*

<b>Air/Rail/Bus:</b>	\$0.00	<b>Registration Fees:</b>	\$0.00
<b>Lodging:</b>	\$0.00	<b>Meals:</b>	\$0.00
<b>Taxi:</b>	\$0.00	<b>Miles</b> <i>(if using own vehicle):</i>	\$0.00
<b>Parking Fees:</b>	\$0.00	<b>Miscellaneous:</b>	\$0.00
<b>Bridge/Tolls:</b>	\$0.00	<b>TOTAL ESTIMATE EXPENSES:</b>	<b>\$0.00</b>

**Funding Source and Amount** *(i.e. 1. DRIF - \$500, 2. ARHU Grant - \$500)*

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*If you are receiving a travel grant (i.e. ARHU, Goldhaber), include proof with form.  
 If using sponsored grant/funds, ORAA approval must be obtained prior to trip.*

\_\_\_\_\_  
 Department Approver's Name

\_\_\_\_\_  
 Traveler's Signature

**For Office Use Only:**

University Travel Agency

Department Credit Card

DELIVER ORIGINAL DOCUMENTS AND COMPLETED FORM TO:  
 Department of Communication | Business Office  
 2120 Skinner Building | College Park, MD 20742