

BSS/CB# \_\_\_\_\_  
 TR# \_\_\_\_\_

**Travel Authorization Request  
 Department of Philosophy**

To ensure that your travel request is promptly approved, please provide the information below **at least 25 business 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 your total travel costs; however, **the Philosophy Department will only pay the agreed preset travel amount of \$1,500 per year per traveler.** If there are expenses that can be paid in advance (such as airfare or conference registration) that do not exceed the department preset amount of \$1,500, 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 Dana Pittman, [dcpittman@usf.edu](mailto:dcpittman@usf.edu).

**Travel Policy Reminders:**

- USF allowable domestic airfare (US and Canada) is \$750.00. Allowable international airfare is \$1,500. USF only pays or reimburses for economy airfare.
- USF allows hotel expenses up to \$250.00 a night, with exceptions for conference hotels.
- USF allows economy car rentals only.
- Domestic meal per diem is \$36.00. International per diems vary by country.

Date: \_\_\_\_\_ Traveler's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination (City, State/Country): \_\_\_\_\_ Presenting at conference? \_\_\_\_\_

Conference name, or other travel purpose: \_\_\_\_\_

Funding: None (TAR for insurance only): Dept. Preset: Grant: Startup: Foundation: Fund# \_\_\_\_\_

Other: \_\_\_\_\_

If a combination of funding, check all that apply and note breakdown here: \_\_\_\_\_

International Travel—Are students accompanying you? \_\_\_\_\_

**Expense Breakdown (Airfare, lodging, registration, membership fees, transportation, other. Use check boxes for items to be pre-purchased by BSS):**

Item	Amount	BSS?	Item	Amount	BSS?

Estimated total \_\_\_\_\_

**Note: Please attach sufficient detail (flight no., hotel, registration payee, etc.) for all items to be purchased by BSS. All receipts for reimbursement must be submitted within three business days of return and translated if not in English. Provide currency conversion where needed.**

Travelers's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_