**ACADEMIC AFFAIRS**

**Travel – Exception Signature Request Form**

**email to AA – SRD: (**[**SRD@usf.edu**](mailto:SRD@usf.edu) **)**

| **Date** | Click here to enter a date. |  | **College/Unit** | Arts |
| --- | --- | --- | --- | --- |
| **Initiator** |  |  | **College/Unit**  **representative** | Arts - Sandra Zambrano |
| **Rep. email** | Arts - londono@usf.edu |  | **Rep. phone#** | Arts - Zambrano - 4-3973 |
|  |  |  |  |  |
| **Traveler Name** |  |  | **Travel Expense Rpt #** |  |
| **Department** |  |  | **Travel dates** | Click here to enter a date. to Click here to enter a date. |
| **Travel Destination** |  |  | **Total Expenses** | $ |
| **Is Traveler a USF Employee?** | Drop down please select: |  | **Total Due to Employee** | $ |
|  |  |  |  |  |
| **Business**  **purpose**  **of travel:** |  | | | |
|  |  | | | |
| **Reason & Detail Explanation for Exception:** | | | | |
| **Drop down please select:** | | | | |
| **\*TAR – Travel Authorization \*TER – Travel Expense Report.** | | | | |
| Provide Summary: | | | | |
|  | | | | |
| **Preventative Action:** | | | | |
| Provide specific preventative action | | | | |
|  | | | | |
| **Signatures:** | | | | |
|  | | | | |
| **Traveler Date** | | | | |
| **Traveler’s Supervisor Date and/or Department Chair/Director/Head Date** | | | | |
| **Dean/ Vice Provost/Asst. or Assoc. Vice President Date** | | | | |
| **Provost and Executive Vice President Designee Date** | | | | |