

**The University of West Florida
GROUP TRAVEL ADVANCE REQUEST**

DATE: _____

TAR NUMBER: _____

Group Leader ID#	Group Leader's Name	Ext.	Index Number	Acct Code	Amount
------------------	---------------------	------	--------------	-----------	--------

\$

Amount Requested: _____ Issue Check To: _____ Date and Time Needed: _____ Credit Cards Needed Gas Car Rental

Trip Destination: _____ Date & Time of Departure: _____ Date & Time of Return: _____ # Travelers: _____

Purpose of Trip: _____

BY ACCEPTING THIS CHECK, I AGREE TO THE FOLLOWING CONDITIONS

If funds are used for food and lodging, the total amount will not exceed \$50.00 per person per day based on the meal allowance listed below, plus actual expenses for lodging at a single occupancy rate to be substantiated by itemized paid bills.

If funds are used for food and lodging, the total amount per individual per meal may not exceed the following:

Breakfast: \$6.00 Lunch: \$11.00 Dinner: \$19.00

These funds may not be used for the payment of common carrier, Florida State Sales Tax, or tips, if paid directly by the Travel Coordinator.

All receipts will indicate names of individuals for whom expense is paid and the period of time such expense covers, e.g., advances to individuals for food must be signed and indicate the date and times covered.

Upon completion of this trip, a completed Voucher for Reimbursement of Group Traveling Expenses with detailed receipts will be submitted to the Travel Section in order to account for all funds used. These receipts are subject to audit before they are officially approved as proper expenditures. In addition, cash not used must be returned to the University Cashier for deposit to the Index Code and Account Code originally drawn from.

Expenditure of these funds is subject to the general guidelines established by the University.

I realize that a fraudulent claim of travel expense is subject to prosecution.

Group Travel Leader's Signature: _____ Date: _____

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that this travel is on officially business of the University of West Florida and will be performed for the purposes stated.

Supervisor's Signature: _____ Title: _____ Date: _____

Approval Signature: _____ Title: _____ Date: _____