

**ACC-13- Request for TDA/Estimated Travel Cost:**

- For the purpose of authorizing travel
- For the purpose of authorizing advance funds
- For the purpose of authorizing advance registration
- For the purpose of authorizing airline tickets
- For the purpose of authorizing a rental car

**NOTE:** All out- of- state travel must be approved by the President prior to forwarding to the Accounting Travel Section.



# REQUEST FOR T.D.A./ESTIMATED TRAVEL COST

**BROWARD COMMUNITY COLLEGE**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Cost Center Name \_\_\_\_\_ Cost Center # \_\_\_\_\_  
 Check Mailing Address \_\_\_\_\_  
 Date and location of temporary duty assignment \_\_\_\_\_

Specific purpose of travel and/or nature of business and destination: (See Policy & Procedure (A) 6Hx2-6.21)

**FOR FACULTY:** (List Classes and/or other activity requiring paid substitutes)

Classes/Other(s)	Class Time(s)	Date(s)	Name of Substitute(s)

<b>ESTIMATED TOTAL TRAVEL COSTS;</b>	<b>AMOUNT REQUESTED</b>
<b>TYPE</b>	
Per Diem (\$80 per day)	\$ _____
Hotel (if not claiming per diem)	_____
Meals (if not claiming per diem)	_____
Mileage (Personal Auto@\$0.445 cents per mile)	_____
Taxi, limousine or bus	_____
Registration Fee: (attach completed application)	
• College paid	_____
• Employee paid	_____
Airline Tickets (Auth. # _____)	_____
Rental Car	_____
Other Costs (identify)	_____
<b>TOTAL ESTIMATED COST</b>	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>
Request Advanced Funds by _____ (DATE)	\$ _____ (AMOUNT)***

**SIGNATURES**

\_\_\_\_\_  
 REQUESTER DATE

  

**APPROVAL ROUTING:**

\_\_\_\_\_  
 DEPARTMENT HEAD OR DIRECTOR\* DATE

  

\_\_\_\_\_  
 DEAN DATE

  

\_\_\_\_\_  
 PROVOST/EXEC. DIRECTOR  
 VICE PRESIDENT/PRESIDENT\*\* DATE

\* I certify that to the best of my knowledge this travel is official College business.  
 \*\* Out of state travel requires approval of the President.  
 \*\*\* Limited to 90% of personal cash outlay. Funds due the College, after a travel expense audit, will be immediately remitted to the College. This also authorizes the College Payroll Department to hold my salary check until such funds due the College have been properly deposited with the college.

----- **FOR ACCOUNTING ONLY** -----  
 Funds Are  Are Not  Available Cost Center # \_\_\_\_\_ Account # \_\_\_\_\_

"AN EQUAL ACCESS/EQUAL OPPORTUNITY EMPLOYER"