

Travel Authorization Request
WORKSHEET

Traveler: _____ UFID#: _____

Title: _____

Destination: _____

Will you be traveling with any UF Equipment (This includes Laptops)? Yes No

Dates of Trip: _____ through _____

Time of Departure: _____ AM/PM Time of Return: _____ AM/PM

Purpose of Trip:

Benefit to State:

Estimated Expenses:

Please Check applicable items and estimate cost:

_____ Airfare	\$ _____
_____ Registration	_____
_____ Lodging	_____
_____ Meals @ \$36/day	_____
_____ Per Diem @ \$80/day in lieu of lodging & meals	_____
_____ Car Rental	_____
_____ Mileage (private vehicles)	_____
_____ Incidental Expenses	_____
_____ Other	_____

TOTAL: \$ _____

Account(s) to Charge: _____

SPECIAL INSTRUCTIONS/COMMENTS:

Please complete this form and return it to your appropriate department office