

****If the travel is being funded by an outside entity, the name of the sponsor, the comp expenses and estimated amount will have to be entered in the new system****

NAME OF SPONSOR: _____

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