

REQUEST FOR TRAVEL AUTHORIZATION

*** PLEASE PRINT ***

TODAY'S DATE: _____

TRAVELER: _____ UFID: _____

DESTINATION: (Name each City & State or City & Country that you will be traveling to on UF business.) _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

WILL YOU BE MISSING ANY CLASSES YOU ARE ASSIGNED TO TEACH? (Check box) YES ☐ NO ☐

IF YES, WHAT ARRANGEMENTS HAVE YOU MADE TO COVER THESE CLASSES?

PURPOSE OF TRIP:

BENEFIT TO THE STATE (and TO THE GRANT if being paid with grant funds):

Estimated Expenses:

Airfare	\$
Registration	\$
Lodging	\$
Meals (B-6, L-11, D-19=\$36/day) Per Diem in lieu of lodging and meals	\$
Car Rental (Avis or Budget)	\$
Mileage (private vehicles .445/mi.)	\$
Incidental Expenses	\$
Shuttle/Taxi	\$
Other	\$
Other	\$
Other	\$
TOTAL	\$

Funding Requested:

Math: _____ \$ _____

Grant:
Project #: _____ \$ _____

CLAS: _____ \$ _____

Other: _____ \$ _____

TOTAL ESTIMATED EXPENSES: \$ _____

IF THIS IS A COMP TRAVEL (NO MONEY REQUESTED) PLEASE CHECK HERE: _____

TRAVEL APPROVED ☐

TRAVEL DISAPPROVED ☐

MATH CONTRIBUTION: \$ _____

DATE: _____ SIGNED: _____

Chairman