

Request for Travel

Please submit at least 5 working days prior to travel

*** Don't forget to attach documentation for any travel grants you were awarded**

Name: _____ UFID # _____	Destination, (City/State) : _____
Funding source/project name: _____	Departure Date: _____
Purpose: _____	Departure Time: _____
	Return Date: _____
	Return Time: _____

Benefit to Grant: _____

Estimated expenses

Expense Type:	UF Pcard	Personal Funds	Complimentary
Registration	_____	_____	_____
Airfare	_____	_____	_____
Lodging	_____	_____	_____
Rental Car	_____	_____	_____
Parking	_____	_____	_____
Fuel	_____	_____	_____
Taxi	_____	_____	_____
Tolls	_____	_____	_____
Meals (<i>date & type</i>)	_____	_____	_____
Mileage (<i>to & from</i>)	_____	_____	_____
Misc. Expense	_____	_____	_____
Totals	_____	_____	_____

Please return completed form to: CISE-FISCAL@ENG.UFL.EDU

Signature: _____ Date: _____

Advisor's approval: _____ Date: _____