Request for Travel

Please submit at least 15 working days prior to travel- <u>All travel arrangements MUST be</u> <u>made in UFGO.</u> See Fiscal Team for exceptions.

Name:	UFID	#	Destination, (City/State):	
Funding course /project	mo:		Departure Date:	
Funding source/project name:			Departure Time:	
Purpose:			Return Date:	
			Return Time:	
Benefit to Grant:				
Will this trin include	personal travel?	Personal Tr	avel Dates:	
will this trip include	personal traver.	1 C1301141 11	aver bates	
Are you taking UF p	roperty? List UF deca	al number(s)		
Is this trip partially o	or fully paid by a thire	d party?		
, , ,		mated expenses		
Expense Type:	UF Pcard	Personal Funds		Complimentary
Registration				
Airfare				
Lodging				
Rental Car				
Parking				
Fuel				
Taxi				
Tolls				
Meals (date & type)				
Mileage (to & from)				
Misc. Expense				
Totals				
Signature:			Date:	
Advisor's approval:			Date:	

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