

Request for Travel

Please submit at least 5 working days prior to travel

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

Benefit to Grant: _____

Will this trip include personal travel? _____ Personal Travel Dates: _____

Are you taking UF property? List UF decal number(s) _____

Is this trip partially or fully paid by a third party? _____

Estimated 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: _____