

Travel Authorization Request

University of Florida

Date _____ Traveler's Name _____ UFID# _____ - _____

Official Headquarters _____ Department Name _____

Object Code _____ Phone # _____ Box # _____

Purpose of Trip _____

Others going to the same destination for the same purpose _____

Is expenditure reimbursable from other source _____ No _____ Yes (Specify Source) _____

Date of departure

Date of return

Destination

Complimentary

Authorizations/Approvals:

Pursuant to section 112/061 (3) (a) Florida Statute: I hereby certify or affirm that this travel is on official business of the State of Florida and will be performed for the purpose(s) stated

Traveler's Signature _____ Date _____ Title _____

Department Head _____ Date _____ Administrative Officer _____

Vice President (if applicable) _____ President (if applicable) _____