

Travel Authorization Request WORKSHEET

TRAVELER: _____ UF ID # _____

POSITION TITLE: _____

DESTINATION (City/State): _____

DATES OF TRIP: _____ THROUGH _____

TIME OF DEPARTURE: _____ AM/PM TIME OF RETURN: _____ AM/PM

PURPOSE OF TRIP (Conference Name): _____

BENEFIT TO STATE: _____

ESTIMATED EXPENSES:

Please check applicable items and estimate cost:

_____ Airfare	\$ _____
_____ Registration	_____
_____ Lodging	_____
_____ Meals @ \$____/day X ____ days	_____
_____ Per Diem @ \$____/day in lieu of lodging & meals	_____
_____ Car Rental	_____
_____ Mileage (private vehicles)	_____
_____ Incidental Expenses	_____
_____ Other	_____
TOTAL:	\$ _____

Account(s) to Charge: _____

SPECIAL INSTRUCTIONS/COMMENTS: _____

Please complete this form and return to your appropriate department office.