

Travel Authorization

Dep. # Do Not Fill	Fund # No Fill	Program # No Fill	Project # No Fill	CRIS # No Fill
SOF (No Fill):		ID# (No Fill):		
UF ID#		Name:		
Project#:				
Purpose:				
Auth. Signature (required for student & Staff):				
Itinerary:	Leave Time:	Date	From (City, State)	To (City, State)
	Return Time:	Date	From (City, State)	To (City, State)
Airline Name:	Ticket #:	Amount:	PCARD (Yes or No)	
Rental Car (Avis State Contract)	Ticket #:	Amount:	PCARD (Yes or No)	
Hotel Name	# of Nights:	Amount per Night	PCARD (Yes or No)	
Registration Amount:	\$	PCARD (Yes or No):		
Meals: (please indicate the number of days for each:				
Breakfast:	Lunch:	Dinner:		
Shuttle/Taxi/Bus/Train (Please Circle):		Amount:		
Mileage: (To/From)				
Parking Amount:				
Toll Amounts:				
Miscellaneous: (Please list item & amount)				
Are you driving a state vehicle? If so, please enter Vehicle #:				
Please list any passengers that will be riding with you:				
Will you be rooming with another UF employee/Student? Please list their name and department below				
Name:			Department:	

DID YOU APPLY FOR ADDITIONAL FUNDING, IF YES, PLEASE ATTACH DOCUMENTATION.