

## Department of Biostatistics Travel Authorization Request

### To be completed by traveler

Traveler's Full Name: \_\_\_\_\_ UF ID# \_\_\_\_\_  
First MI Last

Origination: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Will you receive any compensation or travel expense reimbursement from a non-UF entity? \_\_\_\_\_

**\* If yes, please attach a copy of the signed Disclosure of Outside Activities form**

Are you traveling with another member of the department? \_\_\_\_\_

### Professional Leave Section

Is the purpose of this leave to conduct a special activity assigned by the dean/ chair? \_\_\_\_\_

Is the purpose of this leave to conduct research delineated in the specific aims of a grant and paid for by that grant? \_\_\_\_\_

**\* If yes, please provide a copy of the grant specific aims**

Are you taking any annual leave days during your travel? \_\_\_\_\_

**\* if yes, please provide a signed and approved Application For Leave form**

**Funding Source:** \_\_\_\_\_

**Foreign Travel:** TeamAssist Emergency Assistant Program: <http://www.ufic.ufl.edu/travelregistration.html>

**\*Please provide copy of TeamAssist Card**

Are you taking any UF equipment with you while you are traveling? \_\_\_\_\_

**\*If yes, email Tommy Williams (twilli17@ufl.edu) w decal#(s) and dates and destination(s) and provide approval**

**\*Please be sure to attach a daily itinerary to account for all travel and transit days**

Special Requests (ie. Frequent flyer number, etc): \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Attachment Checklist:

Signed Disclosure of Outside Activities     
  Specific Grant Aims     
  Signed Application For Leave     
  Int. Checklist  
 TeamAssist Card     
  UF Equipment Approval     
  Daily Itinerary     
  compare airfare

### To be completed by travel processor

Estimated Expenses:	Payment Type	Amount
1) Airfare      Airline Preference: _____	_____	\$ _____
2) Baggage Fees      Number of bags: _____ x Rate per bag: _____	_____	\$ _____
3) Fuel (Rental Car Only)	_____	\$ _____
4) Incidentals (Internet/Tips/Tolls)	_____	\$ _____
5) Lodging      Number of Nights _____ x Rate per night: _____	_____	\$ _____
6) Meals (please be mindful of per diem rates)	_____	\$ _____
7) Mileage (private car only) # of miles: _____ x .445	_____	\$ _____
8) Parking	_____	\$ _____
9) Registration Fees	_____	\$ _____
10) Rental Car (use Enterprise account)	_____	\$ _____
11) Taxi/ Shuttle	_____	\$ _____
<b>Total Expenses Estimate</b>		<b>\$ _____</b>

Travel Processor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist:

Travel Added to Share Drive     
  Traveler's Attachments Added to Share Drive     
  Faculty Travel Added to Leave Calendar

### To be completed by Fiscal Assistant

Chartfield Funding: \_\_\_\_\_

Fiscal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Chair Signature (Approval): \_\_\_\_\_ Date: \_\_\_\_\_