

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? _____

* If yes, who? _____

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	_____	\$ _____
Total Expenses Estimate		\$ _____

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: _____