

UF FACULTY / STAFF / STUDENTS
TRAVEL AUTHORIZATION/EXPENSE WORKSHEET

SUPERVISOR'S APPROVAL – REQUIRED

SUPERVISOR'S SIGNATURE: _____

SUPERVISOR'S NAME (PRINTED) _____

TRAVELER'S NAME: _____

TRAVELER'S UF ID# _____

PURPOSE OF TRIP: _____

BENEFIT OF TRIP TO UF: _____

TRAVEL DATE/TIME: _____

TRAVEL FROM: _____

TRAVEL TO: _____

TRAVEL DATE/TIME: _____

TRAVEL FROM: _____

TRAVEL TO: _____

ESTIMATED EXPENSES: (Please check applicable items and **estimate** cost)

	<u>PERSONAL</u>	<u>P-CARD*</u>
<input type="checkbox"/> Airfare	\$ _____	\$ _____
<input type="checkbox"/> Workshop/Conference Registration (if applicable)	\$ _____	\$ _____
<input type="checkbox"/> Lodging	\$ _____	\$ _____
<input type="checkbox"/> Meals (varies according to final destination)	\$ _____	\$ _____
OR		
<input type="checkbox"/> Per Diem (\$80 in lieu of receipts for meals and lodging)	\$ _____	\$ _____
<input type="checkbox"/> Car Rental	\$ _____	\$ _____
<input type="checkbox"/> Incidental Expenses (taxi, tolls, parking, phone, fax, etc.)	\$ _____	
<input type="checkbox"/> Mileage (private vehicles) - Insert total number of miles: _____ x \$.4850/Per Mile = \$ _____		

TOTAL \$ _____

(CHARGE EXPENSES TO a-DEPARTMENT or a-GRANT NAME/NUMBER: _____)

*Name of P-Cardholder _____