UF FACULTY / STAFF / STUDENTS
TRAVEL AUTHORIZATION/EXPENSE WORKSHEET

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)

□ Airfare $ __________ $ __________
□ Workshop/Conference Registration (if applicable) $ __________ $ __________
□ Lodging $ __________ $ __________
□ Meals (varies according to final destination) $ __________ $ __________
□ Per Diem ($80 in lieu of receipts for meals and lodging) $ __________ $ __________
□ Car Rental $ __________ $ __________
□ Incidental Expenses (taxi, tolls, parking, phone, fax, etc.) $ __________
□ Mileage (private vehicles) - Insert total number of miles: _______ x $.4450/Per Mile = $__________

TOTAL $ __________

(CHARGE EXPENSES TO A-DEPARTMENT or A-GRANT NAME/NUMBER: _______________________

*Name of P-Cardholder ____________________________________

SUBMIT COMPLETED FORM PRIOR TO TRAVELLING TO: Janet Rose, PO Box 112055, 211 Bryant Space Science Center, Gainesville, FL 32611
QUESTIONS? CONTACT Janet Rose 294-1875 or email jmrose@ufl.edu