

## TRAVEL AUTHORIZATION REQUEST

Traveler:		UFID #:	
Event:			
Destination:			
Dates of Trip:		Through:	
Time of Departure: <span style="float: right;">AM/PM</span>		Time of Return: <span style="float: right;">AM/PM</span>	
Purpose of Trip:			
<b>ESTIMATED EXPENSES:</b>			
Please indicate all that apply and provide estimated cost.			
	Airfare		\$
	Lodging (_____ days at \$_____ per day)		\$
	Meals (_____ days at \$36 per day)		\$
	Per Diem (_____ days at \$80/day <i>in lieu of separate lodging and meals</i> )		\$
	Car Rental (Avis/Budget preferred)		\$
	Mileage (\$0.445/mile when using private car)		\$
	Other: (describe)		\$
	Other: (describe)		\$
	Other: (describe)		\$
	Grand total of estimated expenses:		\$
	Total travel award:		\$
<i>Special Instructions/Comments/Funding Details:</i>			

<b>DEPARTMENT USE ONLY:</b>
Chartfield #1:
Chartfield #2:
Chartfield #3:
Notes: