

# Travel Authorization Form

Please complete all fields and return to your appropriate fiscal representative

## Travel Information

Traveler's Name: \_\_\_\_\_ UF ID: \_\_\_\_\_

Non-UF Traveler's Address &  
DOB: \_\_\_\_\_

Destination (City, State, Country): \_\_\_\_\_  
Departure Time & Date: \_\_\_\_\_ How will your travel benefit UF?

Return Time & Date: \_\_\_\_\_

## Expenditures associated with the Travel

The following fields should be completed for all expenses incurred. If a charge has yet to be made, please provide us with your best cost estimate. Also indicate whether the expense was placed on your P-Card.

Airfare: \_\_\_\_\_ P-Card? \_\_\_\_\_  
Registration: \_\_\_\_\_ P-Card? \_\_\_\_\_

Lodging \$/night: \_\_\_\_\_ # of nights: \_\_\_\_\_ P-Card? \_\_\_\_\_ Gas (Receipts Required): \_\_\_\_\_

Rental Car \$/ Day \_\_\_\_\_ # of days: \_\_\_\_\_ P-Card? \_\_\_\_\_ Avis or Enterprise? \_\_\_\_\_

ACTO required for  
all non-UF  
travelers

Pick-Up Location: \_\_\_\_\_ Date & Time: \_\_\_\_\_  
Return Location: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Map Mileage if using Private vehicle-MUST be accompanied w/ MapQuest print-out \_\_\_\_\_

Meals, # of Days: \_\_\_\_\_ In LIEU of meals and lodging, Per Diem # of days: \_\_\_\_\_

**I hereby certify that this travel is for official business of the University of Florida and will be performed for the purpose(s) stated.**

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

If the traveler is not the PI or entity responsible for the funds, please provide signature and MAXIMUM amount allowed to spend.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Maximum Expenditure: \_\_\_\_\_ Account to be charged: \_\_\_\_\_