

# UF/IFAS WFREC TRAVEL AUTHORIZATION REQUEST

Employee Name: \_\_\_\_\_ UFID: \_\_\_\_\_

Position Title: \_\_\_\_\_ Fund Account Name: \_\_\_\_\_ Pcard Holder: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Benefit to State: \_\_\_\_\_

Instate     Out of State     International

	Date	Time	City/State/Country	City/State/Country
Departure:	_____	_____	From: _____	To: _____
			From: _____	To: _____
Return:	_____	_____	From: _____	To: _____

Per Diem\*:                     Yes    No    # of Days: \_\_\_\_\_

Registration Required:     Yes    No    Amount: \_\_\_\_\_    Pcard

Mileage:                     Yes    No    # of Miles: \_\_\_\_\_ x .445 = \_\_\_\_\_

Lodging Request:             Yes    No    Amount: \_\_\_\_\_    Pcard    Hotel: \_\_\_\_\_

Meal Request:               Yes    No    # of Breakfast: \_\_\_\_\_ # of Lunch: \_\_\_\_\_ # of Dinner: \_\_\_\_\_

Airline Ticket Request:     Yes    No    Amount: \_\_\_\_\_ Airline: \_\_\_\_\_    Pcard

Contract Rental Car:         Yes    No    Amount: \_\_\_\_\_    Pcard    Vendor: \_\_\_\_\_

Other Expenses:             Yes    No    Amount: \_\_\_\_\_ Reason: \_\_\_\_\_

State Vehicle #: \_\_\_\_\_ Total Costs: \_\_\_\_\_

**\* Per Diem can be claimed on any travel day when you do not stay in a hotel. Meals are to be claimed when there is a hotel charge or if the supervisor only allows meals.    UF NO LONGER PAYS GSA RATES!**

Pursuant of Section II 2.061(3)(a), Florida Statutes, I hereby certify that this travel is for official business of the State of Florida and will be performed for the purpose(s) stated.

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director's Signature

\_\_\_\_\_  
Date