

TRAVEL AUTHORIZATION REQUEST

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|--|--|-----------------|-------|
| Traveler: | | UFID #: | |
| Event: | | | |
| Destination: | | | |
| Dates of Trip: | | Through: | |
| Time of Departure: | AM/PM | Time of Return: | AM/PM |
| Purpose of Trip: | | | |
| | | | |
| | | | |
| ESTIMATED EXPENSES: | | | |
| 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 (Enterprise/National 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> | | | |
| | | | |

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| DEPARTMENT USE ONLY: |
| Chartfield #1: |
| Chartfield #2: |
| Chartfield #3: |
| Notes: |
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