

TA # _____

Travel Authorization Request

Business Office Rec. Date _____

Traveler's Name _____ Traveler's UFID _____ Traveler's Signature _____ Date _____

Dept ID 60730000 PI UFID _____ Project # _____ Fund # _____ Program # _____ SOF # _____

CRIS # _____ Reimbursement From Other Source _____ Source Name _____ Amount _____

Purpose of Trip _____

Benefit to State _____

Destination _____ Departing Airport _____ Depart Date _____ Return Date _____

Type of Travel: In State Out of State Foreign

PLEASE INDICATE WHETHER YOU WILL BE PAYING WITH PCARD OR PERSONAL FUNDS

P-Card Personal P-Card Personal

Airfare \$ (Train, etc) _____ Lodging # of Nights _____ Amt Per Night _____

Rental Car \$ - AVIS _____ Mileage # of Miles _____ 0.445 Per Mile _____

Registration Fee \$ _____ Meals # of Days _____ Meal Total \$ _____

Parking \$ _____ (US Meal Rate is \$36 a day: Breakfast \$6 Lunch \$11 Dinner \$19)

Total Estimated Cost \$ _____

Tolls \$ _____ PI Signature _____ Date _____

Misc \$ _____ Department Head Signature _____ Date _____

Signature _____ Date _____

IF A REGISTRATION FEE IS TO BE PAID TO ATTEND A MEETING, PLEASE ATTACH A COPY OF THE REGISTRATION FORM TO SHEET. ALLOWABLE REIMBURSEMENT AMOUNTS FOR STATE AGENCY GRANTS (EX: CRDF, FLDACS, FLDOC, ETC) DOES NOT INCLUDE STATE ALLOCATION FUNDS.

