

# Travel Worksheet (Don't forget to attach documentation for travel grants you were awarded)

Name: \_\_\_\_\_ UFID# \_\_\_\_\_

Dates of Travel, Time left GNV, Time Arrived back into GNV: \_\_\_\_\_

Destination: \_\_\_\_\_ (Multi-destination form attached) 

Purpose: \_\_\_\_\_  
 \_\_\_\_\_

Benefit to State/Grant: \_\_\_\_\_  
 \_\_\_\_\_

Funding: \_\_\_\_\_ Project#/Funding Name (Share etc.) \_\_\_\_\_

**Travel Authorization (TA) Checklist**

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| Y                        | N                        |                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Attached Blank Registration Form     |
| <input type="checkbox"/> | <input type="checkbox"/> | Registration Amount: _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Airline Name and Amount: _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Hotel Name & Amount per Night: _____ |

**Expense Report (ER) Checklist** (attached brochure for travel questions) 

Y	N		<u>Pcard Used</u>	
			Y	N
<input type="checkbox"/>	<input type="checkbox"/>	Meeting Program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Registration Receipt.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hotel Receipt (Zero balance, must check out the day you are leaving) .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Airfare Receipt .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Baggage Receipt.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Car Rental Receipt .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Gas Receipts.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Taxi/Bus/Shuttle Receipts.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mileage Reimbursement: From/to: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Parking Receipts .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Receipts: _____		

Meals that were provided or that you don't want to be reimbursed for and date:

\_\_\_\_\_  
 \_\_\_\_\_