ENGLISH DEPARTMENT TRAVEL FUNDING REQUEST

FORM MUST BE RETURNED AND APPROVED BY ASSOCIATE CHAIR AT LEAST 2 WEEKS BEFORE YOU TRAVEL.

G FACULTY □ GRADUATE STUDENT

NAME: _________________________ E-MAT: ________________________ UF ID #: ____________

DRIVING: G (proof needed, cheaper than flying, (44.50/Mile)), LIMITED TO 750 MILES (44.50/Mile)

AIRFARE: $ ____________

DEPARTURE DATE: ______________ TIME: ________________ GA.M. GP-M.

DEPARTING FROM: __________________ TO: __________________ (where confis)

RETURN DATE: ______________ TIME: ________________ GA.M. GP-M.

DEPARTING FROM: __________________ TO: __________________

CANCELATION? - TRAVELER IS RESPONSIBLE FOR PAYMENT OF ANY PENALTIES INCURRED

PURPOSE OF TRIP: OFFICIAL FUNCTION, PRESENT PAPER, PANEL, RESEARCH, ETC.

Please include name of conference.

___________________________

YOU MUST SUBMIT AIRFARE TICKET & ITINERARY, HOTEL AND CONFERENCE PROGRAM WITHIN FIVE DAYS OF YOUR RETURN.

OTHER FUNDING: __________________________

I am G / I am not U requesting department funding.

Department Use Only

Date Received: __________

Approved Amount $________

Approved by: __________________________

INTERNATIONAL TRAVEL? PLEASE COMPLETE REVERSE SIDE/2nd PAGE.

September 11, 2015
University of Florida International Travel Check List

Please complete this form and send it to the person in your department responsible for travel before you travel abroad on behalf of the University of Florida. Please do so for each trip even if it involves repeated visits to the same country.

Traveling to (list countries): ____________________________________________________________

Travel dates: ___________________ (mm/dd/yy) to ___________________ (mm/dd/yy)

Travel dates: ___________________ (mm/dd/yy) to ___________________ (mm/dd/yy)

Travel dates: ___________________ (mm/dd/yy) to ___________________ (mm/dd/yy)

________ (initials) I have consulted with my clinician or a travel clinic about my international travel and have received necessary vaccines and travel medication.

________ (initials) As required I have registered my international travel with the International Center (http://www.ufic.ufl.edu/travelregistration.html) and have received my TeamAssist card.

________ (initials or n/a) If I am traveling to an embargoed country, I have additionally read the UF policy at http://www.ufic.ufl.edu/TravelEmbargoed.html, and as required I have contacted Dean Leonardo Villalón.

Name: _____________________________________________ (exactly as it appears on your government-issued passport)

UFID _______________ Passport #: ___________________

Date of passport issue: ______________ (mm/dd/yy)

Date of passport expiration: ______________ (mm/dd/yy)

Country of issue: _____________________________ Country of residence: _____________________________

Signature: ________________________________ Date: __________________ (mm/dd/yy)