

ENGLISH DEPARTMENT TRAVEL FUNDING REQUEST

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

FORM MUST BE APPROVED BY ASSOC CHAIR 2 WEEKS BEFORE TRAVEL

FACULTY GRADUATE STUDENT

NAME: E-MAIL: @ufl.edu UF ID #:

CONF. NAME/TRIP PURPOSE:

DEPARTURE DATE: TIME: A.M. P.M.

DEPARTING FROM: TO: (where Conf is)

RETURN DATE: TIME: A.M. P.M.

DEPARTING FROM: TO:

AIRFARE: \$ LODGING:\$ /night

If sharing room, please list name: UF affiliated? YES NO

If yes, Dept: UFID:

Room price same for single occupant YES NO (only if addt'l occupants non-UF)

If no, please attach documentation of single room price.

DRIVING PERSONAL VEHICLE: 44.5¢/Mile (proof needed, cheaper than flying). LIMIT: 750 MI

PASSENGER? PLEASE LIST NAME IF UF AFFILIATED:

RENTAL CAR NEEDED: YES NO (USE NATIONAL OR ENTERPRISE OR WE CANNOT REIMBURSE)

PASSENGERS PLEASE LIST NAME(S) IF UF AFFILIATED:

TRAVEL ADVANCE NEEDED: YES NO

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

OTHER FUNDING:

I am / I am not requesting department funding.

PROCESSING STAFF USE:

Dept ID: CRRNT CYFWD Fund Prgrm Source Proj Flex TA#: CA #: ER #: Pcard used for:

Department Use Only Date Received: Approved Amount: Approved by:

YOU MUST SUBMIT RECEIPTS & CONFERENCE PROGRAM WITHIN FIVE DAYS OF RETURN.

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)