ENGLISH DEPARTMENT TRAVEL FUNDING REQUEST

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: ___________________________

________________________________________

PROCESSING STAFF USE:

Dept ID: ___________________________  CRRNT ☐  CYFWD ☐

Fund ☐  Prgrm ☐  Source ☐  Proj ☐  Flex ☐

TA#: ________  CA #: ________  ER #: __________

Pcard used for: ___________________________

I am ☐ / I am not ☐ requesting department funding.

Department Use Only

Date Received: ___________________________

Approved Amount: ______________________

Approved by: ___________________________
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)