ENGLISH DEPARTMENT TRAVEL FUNDING REQUEST 2019-20

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: ______________

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)