

Travel Authorization Request Worksheet

Name:		Destination:(city & state OR city & country)	Purpose of Trip: (research, conference etc)
	UFID #		
Departure Date/Time:	Return Date/Time:	Name of Conference: (if applicable)	

P-CARD CHARGES (list ONLY P-Card charges in this table)

Type of Expense (airfare, registration, etc):	Amount Charged:

ESTIMATED EXPENSES: LIST OF EXPENSES YOU EXPECT TO HAVE REIMBURSED. (DO NOT INCLUDE P-CARD CHARGES IN THIS LIST.)

Airfare	\$ _____	Registration	\$ _____
Lodging	\$ _____	Meals	\$ _____ (foreign rates see Desiree)
Car Rental	\$ _____	Mileage	\$ _____ (\$0.445/mile)
Other	\$ _____		
	\$ _____		
	\$ _____ (please identify what the other expected expenses may be)		
Total	\$ _____ (DO NOT INCLUDE P-CARD CHARGES IN THIS TOTAL)		

If any or all of this trip will be paid for on a Grant, then the PI MUST sign here approving the above charges before any reimbursements can be completed.

PI Approval Date

DEPARTMENT USE ONLY

Department ID: _____

Fund: _____

Program: _____

Source: _____

Project: _____