TRAVEL REQUEST

Name _____ UFID # ____-_____

Account to be charged _____

If a Department Account is charged, Chairman ***must*** sign here _____

Purpose of Trip _____
(Please, be specific – what did this travel do for the State of Florida?)

_____

_____

_____

Benefit to State/Project _____

_____

_____

_____

Are any other UF employees or students going with you? Yes ☐ No ☐

Date of Departure (from Gainesville) ____/____/____ Date of Return ____/____/____

Destination _____

Phone number where you can be reached while on trip (____) _____

Registration fees – if applicable $_____

How are you traveling? (*Place '×' in appropriate box below*):

Own Car	*Department Vehicle*	*Airplane*	*Rental Car*	*Complimentary*
☐	☐	☐	☐	☐

Costs: Airplane $_____ Hotel (estimated) $_____

_____ ____/____/____
Signature Date

Have a safe trip – Hurry back!

rev 2/24/05