

## Anatomy and Cell Biology Request for Travel Approval

Date:

Traveler's Name:  Traveler's UFID:

Destination:  Position Title:

Name of Conference:

Purpose of Trip:  Annual Meeting  Presentation  Moderator  Other:

Justification (Explain Benefit to State):

Funding Source:  Grant Project#   P.I. O/H Acct.  Department  Other:

Outside Employment:  Yes  No Organization Name:

(If yes, make sure that you have a Disclosure of Outside Activities and Financial Interests form on file with the department. These forms can be found at <http://www.med.ufl.edu/busforms> or contact the department.)

Registration Prepayment Needed:  Yes  No Due Date:  (Allow 4-6 weeks)

Mode of Transportation:  Air  Rail  State Car  Personal Car  Rental Car

Date of Departure:  Date of Return:

Departure Time:  Return Time:

Number of Days:

Airport Departing From:  Airport Destination:

Estimated Cost:				Method of Payment	
Air Fare					<input type="checkbox"/> Pcard <input type="checkbox"/> Personal
Hotel	\$ <input type="text"/>	X <input type="text"/> Days	\$ <input type="text"/>		<input type="checkbox"/> Pcard <input type="checkbox"/> Personal
Meals*	\$ <input type="text"/>	X <input type="text"/> Days	\$ <input type="text"/>		<input type="checkbox"/> Personal
Registration			\$ <input type="text"/>		<input type="checkbox"/> Pcard <input type="checkbox"/> Personal
Rental Car**			\$ <input type="text"/>		<input type="checkbox"/> Pcard <input type="checkbox"/> Personal
Mileage	<input type="text"/> Miles	X	\$ <input type="text"/>		<input type="checkbox"/> Personal
Other miscellaneous expenses			\$ <input type="text"/>		<input type="checkbox"/> Personal
<b>TOTAL ESTIMATED COST</b>			\$ <input type="text"/>		

Any unusual extra expenses due to changes in reservations may have to be borne by the traveler. Always coordinate reservations and/or changes with your secretary or the fiscal office.

\* Meals: Standard per diem = Breakfast \$6.00, Lunch \$11.00, Dinner \$19.00 = \$36.00

\* GSA per diem based on travel destination. See gsa.gov website for rates (Select policy/per diem rates)

\*\* Avis Rent-A-Car, Contract #A113400, <http://www.avis.com>, 1-800-338-8211

\*\*\*Rate according to 2012 Florida Statutes.

Duties will be covered by:

Traveler's Signature: \_\_\_\_\_

Approved by:   
(Program Director Chief)

Approved by: \_\_\_\_\_ (Yehia Daaka, Ph.D.)  
(Department Chair)

Fiscal Section: \_\_\_\_\_ (Jessica Lane, 273-8472)  
Funding Allocation

**Reimbursement:** To insure prompt processing of travel reimbursement, all pertinent data and receipts must be forwarded to the Fiscal Section **within five (5) working days of employee's return**. Please be advised that it is to your advantage to retain ANY and ALL receipts that reflect funds expended while on your trip.

FISCAL OFFICE: Room B1-012A, 1<sup>st</sup> Floor, Basic Science Building; (352) 273-8472; PO Box 100235