

# DEPARTMENT OF NEUROSCIENCE COMP & TRAVEL AUTHORIZATION REQUEST

Traveler's Name: \_\_\_\_\_ UFID #: \_\_\_\_\_

Date of Travel: Begins \_\_\_\_\_ Ends \_\_\_\_\_  
DATE TIME DATE TIME

Location of Travel: From \_\_\_\_\_ To \_\_\_\_\_  
CITY STATE CITY STATE

Purpose of Travel:

Benefit to Grant/UF: \_\_\_\_\_

Is expenditure reimbursable from other source: \_\_\_\_\_ Yes \_\_\_\_\_ No

Source of Funding For Travel: \_\_\_\_\_  
(Name of project/grant account or other source of funding)

Dept ID: \_\_\_\_\_ FC: \_\_\_\_\_ PC: \_\_\_\_\_ SOF: \_\_\_\_\_ Project # \_\_\_\_\_ CRIS: \_\_\_\_\_

----- Estimated Expenses: -----

**KEEP ALL RECEIPTS**

**Meals:** # of days \_\_\_\_\_

**\$36/day**                      **\$80 per diem/day**                      **Foreign Rate/day**  
B/\$6 L/\$11 D/\$19                      B: \_\_\_\_\_ L: \_\_\_\_\_ D: \_\_\_\_\_

**LODGING:** Vendor: \_\_\_\_\_

Room Rate \$ \_\_\_\_\_ # of Nights \_\_\_\_\_

**MISCELLANEOUS EXPENSES**

Parking, Tolls, Taxi, Phone/Internet, Fuel, etc. \_\_\_\_\_

**TRANSPORTATION:**

**Airfare:** Name of Airline: \_\_\_\_\_

**Auto Mileage:** \_\_\_\_\_ miles at 44.5¢/mile

**Car Rental:**    **Avis**    **Enterprise**    **Other:** \_\_\_\_\_  
Justify below (i.e. comments)

**REGISTRATION:** Website: \_\_\_\_\_

(Provide a copy of registration form & agenda. Please note which meals are included)

Paid with P-Card	Paid by Traveler
\$ <b>NA</b>	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ <b>NA</b>	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

<b>TOTAL ESTIMATED COSTS = \$</b> _____	<b>=</b>	<b>\$</b> _____
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**If TRAVEL IS FOR GUEST --- PROVIDE INFO BELOW** (include full name, home address, birth date, email address)

\_\_\_\_\_  
Traveler's Signature                      Date

\_\_\_\_\_  
Laura Dukes' Signature                      Date

\_\_\_\_\_  
Mentors Signature                      Date

TA # \_\_\_\_\_  
For official use only