

WEC TRAVEL AUTHORIZATION REQUEST

TA# _____
Official use only

Dept. ID: _____ FC: _____ PC: _____ SOF: _____ CRIS: _____ Project # _____

Name: _____ UF ID: _____ Email: _____

Name of individual responsible for guest: _____

Dates of Trip: Begin: _____ End: _____

Location: From: _____ To: _____

Purpose of Travel/Conference Title: _____

Benefit to Grant/UF: _____

Presentation Title (COOP only): _____

ESTIMATED EXPENSES

KEEP ALL RECEIPTS

* **MEALS:** # of days: _____

\$36.00/day B/6 L/11 D/19
 \$21.00/day B/3 L/6 D/12
 \$80.00 per diem/day (Includes meals and lodging)
 Foreign Rate/ day B: _____ L: _____ D: _____

Paid with P-Card	Paid by Traveler
	\$ _____

* **LODGING:** Vendor: _____

Room Rate \$ _____ x _____ # of Nights

\$ _____	\$ _____
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* **MISCELLANEOUS EXPENSES**

Parking, Tolls, Taxi, Phone/ Internet, Fuel, etc. ----->

\$ _____	\$ _____
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* **TRANSPORTATION:**

- Airfare Vendor: _____

\$ _____	\$ _____
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- Auto Mileage: _____ miles at 44.5¢/mile

	\$ _____
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- Car Rental Avis Enterprise Other: _____
* Justify below (i.e comments)
 ACTO (Request in advance...see WEC travel office)

\$ _____	\$ _____
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- State/Federal Vehicle Number: _____

	\$ _____
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* **REGISTRATION:** Website: _____

\$ _____	\$ _____
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(Provide a copy of registration from and agenda. Note which meals are included)

TOTAL ESTIMATED COSTS = \$ _____

Comments or Guest Traveler Info (Include full name, home address, birth date and email)

Encumbered funds in excess of reimbursement amount will be released back to the account after travel reimbursement is processed.

I hereby certify and affirm that the submitted expenses are necessary travel expenses in the performance of my official duties; that my official UF duties directly relate to any attendance at a conference or convention; that I did not deduct any meals or lodging included in a conference, convention, or convention registration fee from this travel claim; and that this claim is true and correct in every material matter while conforming in every respect with the requirements of the University of Florida Travel Directives and Procedures.

_____/_____/_____
 Employee Signature / Date / Approved / Date

COOP Approved: _____ / Date: _____ WEC Approved: _____ / Date: _____ TA Printed _____