Department of Chemical Engineering: Travel Authorization Form (TA)

TRAVELER INFORMATION	
Traveler:	**UFID#**
Depart Date/Time:	Return Date/Time:	Project to Pay:
Destination of Trip:	
Purpose of Trip/Benefit to State or Project:	

ALL STUDENTS must register with the Office of Clery Act Compliance prior to trip's departure by using the below online form: https://ufl.qualtrics.com/jfe/form/SV_7Qca0NRNGVvs8UR.   **Has the (CAC) form been completed? _Yes or _No**

Does this travel require any Financial Interest or Outside Activity to be disclosed to the University through the UFOLIO system?   __Yes   or   __No

IS THIS FOREIGN TRAVEL? ___ (Yes) or ___ (No)
(For Foreign Travel, please complete below form).

EXPENSES

Business Expense Description	Amount and Type of Payment			Comments
	UF PCard	Personal Funds	Complimentary	
Registration				
Airfare				
Lodging				
Car Rental AVIS (AWD) A113400 Budget (BCD) T417600				
Fuel for Rental				
Mileage (0.445/Mile) *Personal Car*				
Taxi/Shuttle/Train				
Baggage Fees				
Parking				
Tolls				
Meals Breakfast ($6) Before 6am, Lunch ($11) Begins 12 noon, Dinner ($19) Before 6pm 1 day total $36.00				
Other				
Totals				

COURSES AFFECTED BY TRAVEL? (Please check one)

	Travel is not during assigned class time		Travel is during class time. Classes Affected are as follows:

ECH_____ ECH_____ ECH_____

The following provisions have been made for teaching the above mention courses in my absence:
(Please also list contact information while on travel)

I hereby certify that this is for official business of the University of Florida and will be performed for the purpose(s) stated.
BUDGET AUTHORITY SIGNATURE IS REQUIRED FOR ANY TRAVELER OTHER THAN THE PI OF THE PROJECT

_____   _____   _____
Traveler's Signature   Budget Authority Signature (PI)   Date

Finance Office Use Only:

Dept. ID	Fund	Program	SOF	Flex	UFID	Project

	INTERNATIONAL TRAVEL ACKNOWLEDGMENT
	By submitting this travel authorization request, I certify that the travel authorization is true and correct and is an accurate representation of my intended travel plans as they relate to UF business. Further, I confirm that I have reviewed and acknowledged the following UF policies/directives:
	UF Directives on International Travel **Taking UF Assets Aboard** **International Travel Registration** **UF Policy on Export Control** **UF Policy on Intellectual Property**
	I certify that I will abide by all UF policies/directives while traveling on UF business. Violation of UF policies or directives while on travel may result in disciplinary action.
	Signature: Name and Title: Date:

http://www.ufic.ufl.edu/Documents/TeamAssistPlan.pdf