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.gualtrics.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	Amount and Type of Payment				
Description	UF PCard	Personal Funds	Complimentary	Comments	
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 durin follows:	Travel is during class time. Classes Affected are as follows:		
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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)

 Einemes Office Use Only

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 Intellectual Property	UF Policy on Export Control		
I certify that I will abide by all UF policies/dia disciplinary action.	rectives while traveling on UF business. Violation of UF poli	cies or directives while on travel may result in	
Signature:	Name and Title:	Date:	

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

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	University of Florida	
	My Account 👻	
	International Health Insurance and Emergency Assistance Program Enrollment (CISI)	
	Country: City: Departure: / / Return: / / Primary purpose of trip ? Foreign Site Contact ? Foreign Site Phone ? Foreign Site Fax Foreign Site Enail ? Save Cuncel	
	UF	