

Department of Chemical Engineering: **Travel Authorization Form (TA)**

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

DOES THIS TRAVEL REQUIRE A DISCLOSURE OF OUTSIDE ACTIVITIES AND FINANCIAL INTEREST FORM?  Yes or  No   
<https://business.it.ufl.edu/wp-content/uploads/2018/05/disclosure-of-outside-activity-form.pdf>

**\*\*FOREIGN TRAVEL\*\* COMPLETED FOR FOREIGN TRAVEL ONLY.**

	(Initial) I have consulted with my clinician or a travel clinic about my international travel and have received necessary vaccines and Travel medication.
	(Initial) As required I have registered my international travel with the International Center ( <a href="http://www.ufic.ufl.edu/travelregistration.html">http://www.ufic.ufl.edu/travelregistration.html</a> ) and have received my Team Assist card.
	(Initial if applicable) If I am traveling to an embargoed country, I have additionally read the UF policy at <a href="http://www.ufic.ufl.edu/TravelEmbargoed.html">http://www.ufic.ufl.edu/TravelEmbargoed.html</a> , and as required I have contacted Dean Leonardo Villalón.
	(Initial) I plan to take University-owned equipment to a foreign country and I have completed a Foreign Travel Request at <a href="https://myassets.fa.ufl.edu/requests/fta.php">https://myassets.fa.ufl.edu/requests/fta.php</a>

**EXPENSES**

Business Expense Description	Amount and Type of Payment			Comments
	UF PCard	Personal Funds	Complimentary	
Registration				
Airfare				
Lodging				
Car Rental				
Fuel for Rental				
Mileage (0.445/Mile) <i>Personal Car</i>				
Taxi/Shuttle/Train				
Baggage Fees				
Parking				
Tolls				
Meals				
Other				
Totals				

**COURSES AFFECTED BY TRAVEL? (Please check one)**

<input type="checkbox"/> Travel is not during assigned class time	<input type="checkbox"/> 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