

# 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-CardPaid by  
Traveler

\$ \_\_\_\_\_

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

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* **MISCELLANEOUS EXPENSES**

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* **TRANSPORTATION:**

- Airfare Vendor: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

- Car Rental ☐ Avis ☐ Enterprise Other: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ ACTO (Request in advance...see WEC travel office)

\* Justify below (i.e comments)

- State/Federal Vehicle Number: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\*(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 deducted 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 \_\_\_\_\_