

# ESSIE Travel Authorization and/or Reimbursement Request

Should be submitted **PRIOR** to ALL travel (Mandatory for conferences, conventions, foreign travel or anything with a registration fee)

TA# \_\_\_\_\_  
 TER# \_\_\_\_\_  
 Project end date \_\_\_\_\_  
**Office Use Only**

Traveler: \_\_\_\_\_ UF-ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Project #: \_\_\_\_\_

Traveler Signature/Date: \_\_\_\_\_  
Signature Date

Supervisor (PI) Signature/Date: \_\_\_\_\_  
Signature Date

Travel Dates: From \_\_\_\_\_ to \_\_\_\_\_

Purpose of Trip: (choose one)  
 Conference  
 Field Research  
 Other

Description ( What will you be doing? ):  
 \_\_\_\_\_

Additional comments? ( Personal days? ):  
 \_\_\_\_\_

Benefit to the University:  
 \_\_\_\_\_

Expenses:

	PCARD ( X box )	Estimated \$ Amount	
Registration Fee	<input type="checkbox"/>	_____	
Airfare	<input type="checkbox"/>	_____	
Lodging	<input type="checkbox"/>	_____	x _____ days
Rental Car	<input type="checkbox"/>	_____	
State Car	<input type="checkbox"/>	State Vehicle # : _____	
Fuel	<input type="checkbox"/>	_____	
Taxi/Bus/Train	<input type="checkbox"/>	_____	
Tolls	<input type="checkbox"/>	_____	
Parking	<input type="checkbox"/>	_____	
Personal Car	--->	# of miles : _____	x 0.445/mile = \$ _____
Other Expense	<input type="checkbox"/>	_____	
Meals Per Diem	<input type="checkbox"/>	_____	x _____ days
Daily Per Diem	<input type="checkbox"/>	_____	x _____ days ( in lieu of lodging & meals )

Meals:

Date	Meals to be reimbursed			\$ Amount
	B	L	D	
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Travel:	City	Date	Actual Time
Depart	_____	_____	_____
Arrive	_____	_____	_____
Via	_____	_____	_____
Depart	_____	_____	_____
Arrive	_____	_____	_____

Names of other employees going with you:  
 \_\_\_\_\_

**Foreign Travel ?**  Attach or e-mail verification of MEDEX insurance acceptance form. (You are now **REQUIRED** to purchase.)  
 If taking UF property with you, you must check with the property coordinator in your area prior to leaving. There may be additional paperwork or clearances that need to be completed prior to your departure.

**Remember:**  Receipts  Conference agenda  
 Registration form (Must present with TA when attending conference, convention or meeting)