|  |  |  |
| --- | --- | --- |
|  | Environmental and Global Health  | This form must be completed and submitted 7 calendar days prior to travel date |
| PRE-TRAVEL APPROVAL FORM |
| **Travel-related purchases will NOT be processed until this form is received and approved by Grants Core or Dept Personnel** |
| Travel Information |
| Traveler’s Name: Click here to enter text.  | UFID: Click here to enter text. | Classification: Choose an item. |
| Type of Travel: Choose an item. | Travel Start Date: | Click here to enter a date. | Travel End Date: | Click here to enter a date. |
| Event Name: Click here to enter text. | Location: Click here to enter text.  |
| **Business/Academic Purpose** (How does this travel relate to the grant? How does this travel benefit UF?): |
| Click here to enter text. |
| Estimated Trip Related Expenses all reimbursement requests and related receipts must be submitted within 10 calendar days upon return from travel end date stated above. |
| **Expenses** | **Cost Center to Be Charged** | **Project Name:** Click here to enter text. | **Payment Method** |
| **Project Number:** Click here to enter text. |
| **Airfare:** | **Cost:** Click here to enter text. | **Airline:** Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP**PURCHASER:** Click here to enter text. |
| **NOTE: Attach flight Itinerary** |
| **Registration Fee:** | **Cost:** Click here to enter text.  | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:** Click here to enter text. |
| **NOTE: Traveler must submit an agenda/daily itinerary** |
| **Lodging:** | **Hotel Name:**Click here to enter text. | **Nightly rate:** Click here to enter text. | **# of Nights:** Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:** Click here to enter text.  |
| **NOTE: If room is shared, please list other occupants:** |
| **Car Rental:****Avis Contract # A113400** | **Company used:** Click here to enter text.  | **# of days:** Click here to enter text.  | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:** Click here to enter text. |
| **NOTE: Only compact/subcompact cars are allowable** |
| **Meals:** | **# of days:** Click here to enter text. | **Indicate if any meals are provided by conference or other source in the comments box** | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:**Click here to enter text.  |
| **NOTE: Domestic Travel - Max: 36$/day** |
| **Fuel or Mileage:** | **Estimated Mileage:**Click here to enter text. | **OR** | **Estimated fuel costs:**Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:**Click here to enter text.  |
| **Other:(please specify)** | Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:**Click here to enter text.  |
| **Other:(please specify)** | Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:**Click here to enter text.  |
| **Other:(please specify)** | Click here to enter text. | [ ] PERSONAL [ ] PCARD [ ] COMP **PURCHASER:**Click here to enter text.  |
| Comments:Click here to enter text. |
| Name of person submitting this form: Click here to enter text.  | Date: **Click here to enter a date.** |
| SUBMIT COMPLETED FORM TO ASHLEY CONDELL AT acondell@phhp.ufl.edu FOR PROCESSING |