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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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](mailto:acondell@phhp.ufl.edu) FOR PROCESSING | | | | | | | | | | | | | | | | |