

ENGLISH DEPARTMENT TRAVEL FUNDING REQUEST

**FORM MUST BE RETURNED AND APPROVED BY ASSOCIATE CHAIR
AT LEAST 2 WEEKS BEFORE YOU TRAVEL**

FACULTY **GRADUATE STUDENT**

NAME: _____ **E-MAIL:** _____ @ufl.edu **UF ID #:** _____

DRIVING: (proof needed, cheaper than flying, (44.5¢/Mile)). **LIMITED TO 750 MILES** (44.5¢/Mile)

AIRFARE: \$ _____

DEPARTURE DATE: _____ **TIME:** _____ **A.M.** **P.M.**

DEPARTING FROM: _____ **TO:** _____ (*where conf is*)

RETURN DATE: _____ **TIME:** _____ **A.M.** **P.M.**

DEPARTING FROM: _____ **TO:** _____

CANCELLATION? -TRAVELER IS REPOSNSIBLE FOR PAYMENT OF ANY PENALTIES INCURRED

PURPOSE OF TRIP: OFFICIAL FUNCTION, PRESENT PAPER, PANEL, RESEARCH, ETC.

Please include name of conference.

***YOU MUST SUBMIT AIRFARE TICKET & ITINERARY, HOTEL AND CONFERENCE PROGRAM
WITHIN FIVE DAYS OF YOUR RETURN.***

OTHER FUNDING: _____

Department Use Only

Date Received: _____

Approved Amount \$ _____

Approved by: _____

**I am / I am not
requesting department funding.**

INTERNATIONAL TRAVEL? PLEASE COMPLETE REVERSE SIDE/2nd PAGE.

September 11, 2015

University of Florida International Travel Check List

Please complete this form and send it to the person in your department responsible for travel before you travel abroad on behalf of the University of Florida. Please do so for each trip even if it involves repeated visits to the same country.

Traveling to (list countries): _____

Travel dates: _____ (mm/dd/yy) to _____ (mm/dd/yy)

Travel dates: _____ (mm/dd/yy) to _____ (mm/dd/yy)

Travel dates: _____ (mm/dd/yy) to _____ (mm/dd/yy)

_____ (initials) I have consulted with my clinician or a travel clinic about my international travel and have received necessary vaccines and travel medication

_____ (initials) As required I have registered my international travel with the International Center (<http://www.ufic.ufl.edu/travelregistration.html>) and have received my TeamAssist card.

_____ (initials or n/a) If I am traveling to an embargoed country, I have additionally read the UF policy at <http://www.ufic.ufl.edu/TravelEmbargoed.html>, and as required I have contacted Dean Leonardo Villalón.

Name: _____ (exactly as it appears on your government-issued passport)

UFID _____ Passport #: _____

Date of passport issue: _____ (mm/dd/yy)

Date of passport expiration: _____ (mm/dd/yy)

Country of issue: _____ Country of residence: _____

Signature: _____ Date: _____ (mm/dd/yy)