

Hamilton Center for Classical and Civic Education

PO Box 117460
 Gainesville, FL
 32611
 352-294-0088

TRAVEL REQUEST

Name of Traveler:

UFID:

Purpose of Trip:

Departure Date & Time:

Return Date & Time:

Departure Location:

Destination Location:

Note: If traveling internationally, check _____ YES I have registered my trip online to receive TravelAssist.
 Foreign Travel will not be approved until this has been complete

If you are traveling with your UF laptop or other UF equipment, include Decal Number or Serial Number here:

Description of Equipment	Decal/Serial Number

ESTIMATED EXPENSES

Please check all that apply

Pcard Used

<input type="checkbox"/> Airfare	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Car Rental	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Lodging	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Registration	\$ _____	<input type="checkbox"/>
<input type="checkbox"/> Meals	\$ _____	
<input type="checkbox"/> Mileage (Private Vehicle Only)	\$ _____	
<input type="checkbox"/> Miscellaneous (Gas, Tolls, etc.)	\$ _____	
<input type="checkbox"/> Per Diem (\$80/Day in lieu of lodging & meals)	\$ _____	

Estimated Total: \$ _____

____ Director's approval / funded by HC
 ____ Professional Development funds
 ____ Startup funds
 ____ Other *** If other, please list who is paying for
 this trip: _____

Complete and return to Department Fiscal Contact PRIOR to your trip.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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