

# NEUROLOGY REQUEST FOR TRAVEL APPROVAL

Date: \_\_\_\_\_  
Traveler's Name: \_\_\_\_\_ UF ID NUMBER: \_\_\_\_\_  
Destination: \_\_\_\_\_ Position Title: \_\_\_\_\_  
City / State

Name of Conference: \_\_\_\_\_  
Purpose of Trip: \_\_\_ Annual Meeting \_\_\_ Presentation \_\_\_ Moderator \_\_\_ Other \_\_\_\_\_  
Justification (Explain Benefit to State) \_\_\_\_\_

Funding Source: \_\_\_ Grant \_\_\_ PI O/H Acct. \_\_\_ Department \_\_\_ Other  
Outside Employment \_\_\_ Yes \_\_\_ No Organization Name \_\_\_\_\_

(If yes, make sure the you have a Disclosure of Outside Activities and Financial Interests form on file with the department these forms can be found @ [www.med.ufl.edu/busforms](http://www.med.ufl.edu/busforms), or contact the department.

Registration Prepayment Needed: \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Date Due (Allow 4-6 weeks)

Mode of Transportation: \_\_\_ Air \_\_\_ Rail \_\_\_ State Car \_\_\_ Personal Car \_\_\_ Rental Car

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Number of Days: \_\_\_\_\_  
Airport Departing From: \_\_\_\_\_ Airport Destination: \_\_\_\_\_

**Estimated Cost:** AirFare \$ \_\_\_\_\_  
Hotel \$ \_\_\_\_\_ x \_\_\_\_\_ days = \_\_\_\_\_  
\*Meals: \_\_\_ Breakfasts + \_\_\_ Lunches + \_\_\_ Dinners = \_\_\_\_\_  
Registration \$ \_\_\_\_\_  
Rental Car \$ \_\_\_\_\_  
Mileage \_\_\_\_\_ (miles) x 44.5\*\* = \$ \_\_\_\_\_  
Other Miscellaneous Expenses \$ \_\_\_\_\_  
TOTAL ESTIMATED COST \$ \_\_\_\_\_

Any unusual extra expense due to changes in reservations may have to be borne by the traveler. Always coordinate reservations/changes with your secretary or the fiscal office. 273-5550.

\*Meals: Standard per diem = Breakfast \$6.00, Lunch \$11.00, Dinner \$19.00 = \$36.00

Duties will be covered by: \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Program Director/Chief

Approved by: \_\_\_\_\_/Tetsuo Ashizawa, M.D.  
Department Chair

Fiscal Section: \_\_\_\_\_/Janet Kearney  
Funding Allocation

Account Number: \_\_\_\_\_

**REIMBURSEMENT:** To insure prompt processing of travel reimbursement, all pertinent data and receipts must be forwarded to the Fiscal Section **within five (5) working days of employee's return.** Please be advised that it is to your advantage to retain ANY and ALL receipts, which reflect funds expended while on your trip.