

## DCP Travel Authorization (TA)

Name:  UFID:  Current Date

[Source of Funds \(Who is paying for the trip\)](#)

Chartfield:

[Destination and Dates of Trip](#)

From:  To:

Departure Date/Time:  Return Date/Time:

Purpose of Trip:

[MEDEX Emergency Insurance \(required for foreign travel only\) please attach or email verification of acceptance form. UF Equipment Export Control Approval required for foreign travel at: <http://www.fa.ufl.edu/departments/asset-management/inventory-management/>](#)

Expense Category	Amount	PCard
Airfare	_____	<input type="checkbox"/>
Enterprise <span style="float: right; margin-right: 100px;">Account #: 43A3255</span>	_____	<input type="checkbox"/>
Fuel for car rental	_____	<input type="checkbox"/>
Mileage if driving personal vehicle <input style="width: 50px;" type="text"/> # of miles <input style="width: 50px;" type="text"/> per mile	_____	<input type="checkbox"/>
Lodging & Meals - Lodging portion <input style="width: 50px;" type="text"/> # of nights <input style="width: 50px;" type="text"/> per night	_____	<input type="checkbox"/>
Lodging & Meals - Meals portion <input style="width: 50px;" type="text"/> # of days <input style="width: 50px;" type="text"/> per day	_____	<input type="checkbox"/>
<b>OR</b> Per Diem in lieu of lodging & meals <input style="width: 50px;" type="text"/> # of days _____ per day	_____	<input type="checkbox"/>
Parking	_____	<input type="checkbox"/>
Registration	_____	<input type="checkbox"/>
Taxi	_____	<input type="checkbox"/>
Tolls	_____	<input type="checkbox"/>
Other Items	_____	<input type="checkbox"/>
Other Items	_____	<input type="checkbox"/>
<b>Total</b>	_____	

\_\_\_\_\_  
Name of Unit Travel Processor

Faculty Contribution:

\_\_\_\_\_  
Chair/Director/DO Supervisor Signature Date

Unit Contribution:

\_\_\_\_\_  
Dean's Office Signature: Date

Dean's Office Contribution: