

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 Account #: 43A3255		<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"/>
OR Per Diem in lieu of lodging & meals <input style="width: 50px;" type="text"/> # of days <input style="width: 50px;" type="text"/> 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"/>
Total		

Name of Unit Travel Processor

Faculty Contribution:

Chair/Director/DO Supervisor Signature Date

Unit Contribution:

Dean's Office Signature: Date

Dean's Office Contribution: