



Travel Request Form

Conference speakers/attendees attach presentation paper and/or program.
Guests/visitors must attach an invitation letter/email or request

*** All foreign travel must register: <https://global.ucf.edu/international-health-and-safety/travel-registration/> ***

Must complete highlighted sections – other sections if known

Today's Date: _____

Full Name of Traveler: _____ PID: _____
NAME MUST APPEAR AS SHOWN ON I.D. or PASSPORT FOR TSA

Date&Time of Departure: _____ Date&Time of Return: _____

Destination City/State/Country: _____

Purpose of Travel: _____

Benefit to UCF: _____

Title of Presentation: _____

Presentation Date: _____ Does this include personal travel?: _____

TSA PreCheck #: _____ DOB: _____ Freq Flyer #/Airline: _____

Account(s) to be charged: _____
 Department Research Dean's Account Foundation

Reg Fee:	\$ _____	99007001	<input type="checkbox"/> Paid by PC
Airfare:	\$ _____	99007002	<input type="checkbox"/> Paid by PC
Hotel:	\$ _____	99007003	<input type="checkbox"/> Paid by PC
Meals:	\$ _____	99007005	
Per Diem:	\$ _____	99007006	
Mileage	\$ _____	99007007	
Rental Car	\$ _____	99007008	<input type="checkbox"/> Paid by PC
Parking:	\$ _____	99007009	
Taxi/Tolls:	\$ _____	99007010	
Calls/Internet:	\$ _____	99007011	<input type="checkbox"/> Paid by PC
Visa/Passport:	\$ _____	99007012	
Est. Cost Total:	\$ _____		

Notes:

Requestor's Signature _____ Date _____

Department Chair _____ approved not approved Date _____