

AUTHORIZATION FOR PER DIEM IN EXCESS OF 30 DAYS

Traveler's Name _____ UFID _____

Official headquarters _____ Dept name _____

Travel date _____

Destinations(s) _____ Dept ID _____ Fund _____

Encumbrance # _____ Prepared by _____ Ph. # _____

The following questions must be answered before approval can be granted:

1. Source of funds?

2. What is the purpose of this trip? List other governments and / or agencies represented.

DEPARTMENT CERTIFICATIONS/APPROVALS:

Pursuant to University of Florida Directives and Procedures, I hereby certify this is official business of the University of Florida and will be performed for the purpose stated:

Traveler's Signature _____

Supervisor's Signature _____

Typed Name _____

Typed Name _____

Typed Title _____ Date _____

Typed Title _____ Date _____

Dean's/Dept. Head's Signature _____

Typed Name _____

Typed Title _____ Date _____
