

University of Florida  
University Travel Office  
Travel Exception Request Form

Traveler's Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Dates of Travel		Destination	
From	To	From	To

Amount of the Ticket \_\_\_\_\_

Length of the Trip (Hours) \_\_\_\_\_

Upon completion, please fax to the Travel Office at (352) 392-0081 or email to [travel@ufl.edu](mailto:travel@ufl.edu) along with a copy of the proposed ticket.

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FOR FINANCE AND ACCOUNTING USE ONLY:

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

Date Denied: \_\_\_\_\_ By: \_\_\_\_\_