

Travel Authorization Request

Employee Name _____ Social Security # _____

Position Title: Non-Employee

Department: N/A Acct to be charged / Sub Acct to be charged: N/A

Purpose of Travel: N/A

Benefit to State: N/A

Instate <input type="checkbox"/>	Out of state <input type="checkbox"/>	International <input type="checkbox"/>
Date:	Time:	Destinations (Cities, States, Countries)
Departure: _____	_____	From: _____ To: _____
Return: _____	_____	From: _____ To: _____
* P-Card Charged	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
*Registration Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount: _____
Mileage:	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of miles: _____ x.29 = _____
*Lodging Request:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount _____
Meal Request:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Breakfast # days _____ Lunch # days _____ Dinner # days _____
*Airline Ticket Request: (Itinerary Required)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount _____
*Contract Rental Car Request:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount _____
Travel Advance Requested:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amount _____
*Miscellaneous (parking, tolls, taxi, etc.)	_____	

NOTE: *Receipts Required Total Estimated Costs: _____

Pursuant of Section 112.061(3) (a), Florida Statutes, I hereby certify that this travel is for official business of the State of Florida and will be performed for the purpose(s) stated.

Traveler's Signature

Date

Department Head /Graig Shaak

Date