

<u>Traveler Information</u>

## **Travel Pre-Authorization Request**

		Preparer's Name (if not	: Traveler)
*Traveler's Email			*Is Traveler a US Citizen □ yes □ r
*Affiliation	description if C	other	*Is Traveler an Employee □ yes □ n
*Affiliated Department/School/	Center Control		
*Departure Date	_ *Return Date		International Travel
*Destination (city, state, country)			See link for additional information.  The Travel Authorization Petition a
*Travel Request Type			Travel Registration should be sent cos.financebusiness@ucf.edu late
Trip Information			
☐ Conference ☐ Work *Event Name/Description ( <b>no</b> abbreviations)		□ Other	
Event Website			
Event Start Date	Event End Date		
*Purpose of Travel (check all tha	at apply)		
□ Present Paper	□ Collaboration	□ Professional Develop	ment   Recruit Students
□ Recruit Faculty	□ Present Poster	□ Training □ Tech	nical Session
☐ Required by Agency _		Other	
*Benefit to UCF			
Missed Obligations (class, office Explain how each instance will be c			
	el Advance Requested rt Control	□ Restricted De	e Requested + Power of Attorney estination
☐ Group Travel Roster ☐ Expo	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx	Restricted Describe th	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.
*Funding Source(s) Please add your funding source OUR, HUT, Professional Develop	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx	Restricted Describe the property of the set of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:
*Funding Source(s) Please add your funding source OUR, HUT, Professional Develop  *Requested Travel Funds	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxx  oment, etc.), or state the	Restricted Deces of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.
*Funding Source(s) Please add your funding source OUR, HUT, Professional Develop	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the	Restricted Describe the property of the set of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested
*Requested Travel Funds  Registration Airfare Parking  Group Travel Roster  Export  Overs  Export  Overs  Export  Overs  Please add your funding source  OUR, HUT, Professional Develop  *Requested Travel Funds	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxx  oment, etc.), or state the  Pe Do Fo	Restricted Decembers of headquarters In Floring In Proceedings of headquarters In Floring In Proceedings of the International In	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile)	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca	Restricted Decision of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested
*Requested Travel Funds  Registration Airfare Parking  Group Travel Roster  Export  Overs  Export  Overs  Export  Overs  Please add your funding source  OUR, HUT, Professional Develop  *Requested Travel Funds	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe Do Fo Ca Fu	Restricted Decembers of headquarters In Floring In Proceedings of headquarters In Floring In Proceedings of the International In	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca  Fu  Int	Restricted Decision of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested  \$36/day)
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca  Fu  Int  Pa	Restricted December of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested  \$36/day)
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare Conference Hotel	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca  Fu  Int  Pa	Restricted Decision of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested  \$36/day)
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare Conference Hotel Non-Conference Hotel  *Signatures	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca  Fu  Int  Pa	Restricted Decision of headquarters	stination  y America Act (travel on Federal grants)  e funds that will be used (e.g. other entitity:
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare Conference Hotel Non-Conference Hotel  *Signatures	rt Control  night stay within 50 mile  - GRxxxxx, COSCxxxxxxx oment, etc.), or state the  Pe  Do  Fo  Ca  Fu  Int  Pa  Pre	Restricted Decision of headquarters	estination  y America Act (travel on Federal grants)  e funds that will be used (e.g.  other entitity:  Funds Requested  \$36/day)
*Requested Travel Funds  Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare Conference Hotel Non-Conference Hotel  *Signatures	rt Control night stay within 50 mile - GRxxxxx, COSCxxxxxxx oment, etc.), or state the Do Fo Ca Fu Int Pa Pre	Restricted Decision of headquarters	stination  y America Act (travel on Federal grants)  e funds that will be used (e.g. other entitity:
*Requested Travel Funds  *Registration Airfare Parking Mileage (\$0.445 per mile) Tolls Taxi/Rideshare Conference Hotel Non-Conference Hotel  *Signatures  UCF Faculty or Staff Member a	rt Control night stay within 50 mile - GRxxxxx, COSCxxxxxxx oment, etc.), or state the Do Fo Ca Fu Int Pa Pre	Restricted Decision of headquarters	stination  y America Act (travel on Federal grants)  e funds that will be used (e.g. other entitity:

total \_\_\_\_

## **Travel Pre-Authorization Request Form Directions**

Completed forms should be emailed to cos.financebusiness@ucf.edu for processing.

1. All items in Traveler Information are required. The total in upper right will auto-calculate.

Note: Travel over 30 days requires Provost approval. Review the resource under Special Considerations.

- This form needs to be submitted before starting the International travel process with UCF Global.
   Note: The approved Travel Authorization Petition (TAP) and Travel Safety Registration can't be approved by the Chair/Director until after this form is processed.
- Describe the reason for your travel.
   Note: If you are not attending an event with a program either include a detailed itinerary or complete the Meeting Information Form.
- 4. Benefit to UCF is required for all travel and must be included in the SA.
- 5. Detail any missed obligations and how they will be covered.
- Review all Special Considerations. If applicable to your trip view linked resources and include any required forms.
   Note: Do not route forms to COS Dean or Provost. The Business Center will route for additional signatures.
- 7. Funding source is required if travel is not complimentary.
  - Review additional fund types and attach award information if applicable.
  - CGS funds should not be included in the Requested Travel Funds.

Note: Federal grants require that airfare comply with the Fly America Act. Review the resource linked under Special Considerations.

- Please include only funds requested from UCF in this section. This should be your best estimate. See below for more information on specific items. If you have questions, please reach out to your Travel and Procurement Coordinator.
  - a. Mileage: Enter the number of miles. The form will calculate the dollar amount.
  - b. Taxi/rideshare: UCF allows up to a 20% tip.
  - c. Conference hotel: Used when booking in a block of rooms reserved by the event.
  - d. Non-conference hotel: Used for any other lodging type. Please note there is a cap of \$225 per night.

    Exceptions can be made if no hotels are available at that rate and comparable rates are documented at the time of booking. Please reach out to your Travel and
  - Procurement Coordinator for guidance.

    e. Per Diem: Used for lodging and meals combined. This may not be claimed if you are also requesting hotel or meal allowance.
  - f. Domestic Meal Allowance: Calculated based on your departure and arrival times (\$6 breakfast, \$11 lunch, \$19 dinner). Please estimate based on the number of days. No receipts are required.
  - g. Foreign meal allowance: Calculated based on the <u>US Department of State rates</u>. No receipts are required.
  - h. Car Rental: UCF has contracted rates, please ensure you book through Concur or one of UCF 's contracts.
- 9. Please sign as the traveler or preparer and route for approval signature(s). See **Note** at the top of these instructions.
  - a. If a Chair or Director is traveling, please send to <a href="mailto:cos.financebusiness@ucf.edu">cos.financebusiness@ucf.edu</a> for routing to the Dean.
  - b. A student should ask their PI or supervisor to sign the form.
  - c. If your area requires Chair or Director approval outside Workday, please route the form to them for approval.
- 10. Once the form is received by the COS Finance Budget Business Center it will be routed for budget review if needed. Please leave this area blank.

Reset Form Sciences Travel Pre-Authorization Request 1 Traveler Information total \$ 0.00 Preparer's Name (if not Traveler)\_ \*Traveler's Email \*Is Traveler a US Citizen □ yes □ no \*Affiliation -- Select One -description if Other \_ \*Is Traveler an Employee □ yes □ no \*Affiliated Department/School/Center -- Select One --\*Departure Date \*Return Date \*Destination (city, state, country) Atach both the ravel Authorization Petition (step 2)
and Travel Registration (step 3). \*Travel Request Type -- Select One --3 Trip Information □ Conference □ Workshop □ Meeting □ Other (no abbreviations) Event Website\_ Event Start Date \*Purpose of Travel (check all that apply) ☐ Recruit Faculty ☐ Present Poster □ Training □ Technical Session □ Other □ Required by Agency \_\_\_\_ \*Benefit to UCF Missed Obligations (class, office hours, meetings, etc.)

Explain how each instance will be covered. Special Considerations
Check all that apply and review linked resources for more information. Please complete and attach required forms. The Contact will route forms for Dean and Provost approval. □ Travel Advance Requested □ Field Advance Requested + Power of At orney □ Overnight stay within 50 miles of headquarters □ Fly America Act (travel on Federal grants) Please add your funding source - GRxxxxx, COSCxxxxxxx, DNxxxxx, or describe the funds that will be used (e.g.

