College of Engineering and Computer Science

Reset Form

Travel Pre-Authorization Request

Traveler Information

total $ 0.00

*Traveler's Name _____ 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) _____

*Travel Request Type -- Select One --

International Travel

See link for additional information.

The Travel Authorization Petition and Travel Registration should be sent to cecstravelprocure@ucf.edu later.

Trip Information

☐ Conference ☐ Workshop ☐ Meeting ☐ Other _____

*Event Name/Description
(**no** abbreviations) _____

Event Website _____

Event Start Date _____ Event End Date _____

*Purpose of Travel (check all that apply)

☐ Present Paper ☐ Collaboration ☐ Professional Development ☐ Recruit Students

☐ Recruit Faculty ☐ Present Poster ☐ Training ☐ Technical Session ☐ Fieldwork

☐ Required by Agency _____ ☐ Other _____

*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 Business Center will route forms for Dean and Provost approval.*

☐ Over 30 Days ☐ Travel Advance Requested ☐ Field Advance Requested + Power of Attorney

☐ Group Travel Roster ☐ Export Control ☐ Restricted Destination

☐ Overnight stay within 50 miles of headquarters ☐ Fly America Act (travel on Federal grants)

*Funding Source(s)

Please add your funding source - GRxxxxx, COSCxxxxxxx, DNxxxxx, or describe the funds that will be used (e.g. OUR, HUT, Professional Development, etc.), or state that it will be funded by another entitity:

*Requested Travel Funds **Total Funds Requested** $ 0.00

Registration		Per Diem ($80/day)	
Airfare		Domestic Meal Allowance ($36/day)	
Parking		Foreign Meal Allowance	
Mileage ($0.445 per mile)	$ 0.00	Car Rental	
Tolls		Fuel (for rental car only)	
Taxi/Rideshare		Internet/Business Calls	
Conference Hotel		Passport/Visa/Conversion Fees	
Non-Conference Hotel		Presentation Materials	

*Signatures

☐Traveler's ☐ Preparer's

_____ _____
Signature Date

_____ _____ _____
UCF Faculty or Staff Member approver Signature Date
This may be the traveler's supervisor, research advisor, grant PI, search committee chair, etc.

_____ _____ _____
Chair or Director Signature Date

Please add complete worktags below

_____ Budget Analyst review

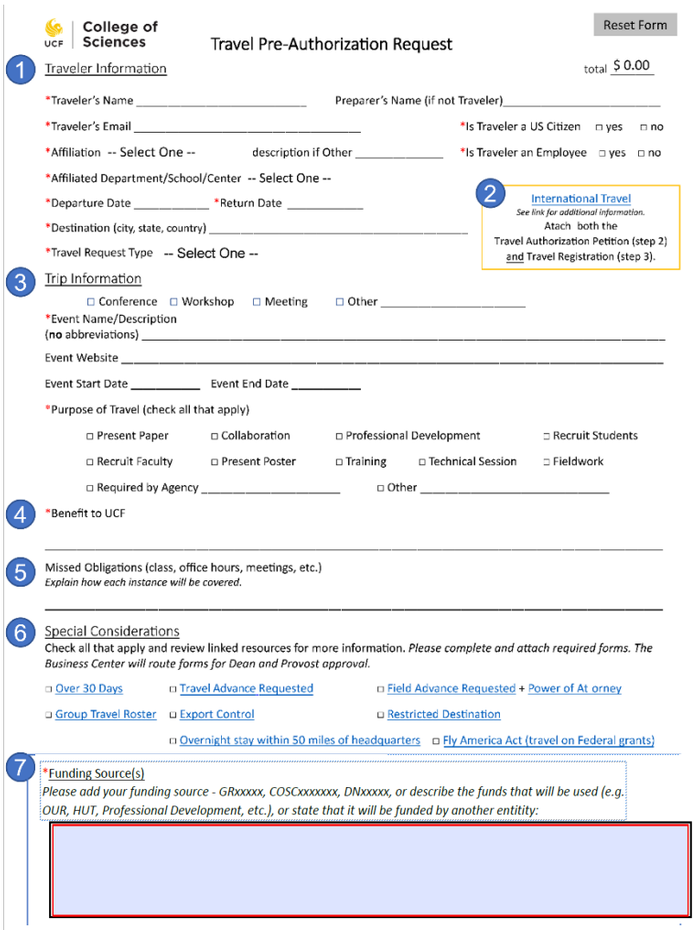
Travel Pre-Authorization Request Form Directions

Completed forms should be emailed to cecstravelprocure@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.
2. 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.
3. 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.
6. Review all Special Considerations. If applicable to your trip view linked resources and include any required forms.
   Note: Do not route forms to CECS Dean or Provost. The Business Center will route for additional signatures.
7. Funding source is required if travel is not complimentary.
   a. Review additional fund types and attach award information if applicable.
   b. 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.

Items marked with * are required fields.


College of Sciences

Travel Pre-Authorization Request

Reset Form

1 Traveler Information — total $ 0.00

*Traveler's Name _____ 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) _____

*Travel Request Type -- Select One --

2 International Travel
See link for additional information.
Atach both the Travel Authorization Petition (step 2) and Travel Registration (step 3).

3 Trip Information

☐ Conference ☐ Workshop ☐ Meeting ☐ Other _____

*Event Name/Description (no abbreviations) _____

Event Website _____

Event Start Date _____ Event End Date _____

*Purpose of Travel (check all that apply)

☐ Present Paper ☐ Collaboration ☐ Professional Development ☐ Recruit Students

☐ Recruit Faculty ☐ Present Poster ☐ Training ☐ Technical Session ☐ Fieldwork

☐ Required by Agency _____ ☐ Other _____

4 *Benefit to UCF

5 Missed Obligations (class, office hours, meetings, etc.)
Explain how each instance will be covered.

6 Special Considerations
Check all that apply and review linked resources for more information. *Please complete and attach required forms. The Business Center will route forms for Dean and Provost approval.*

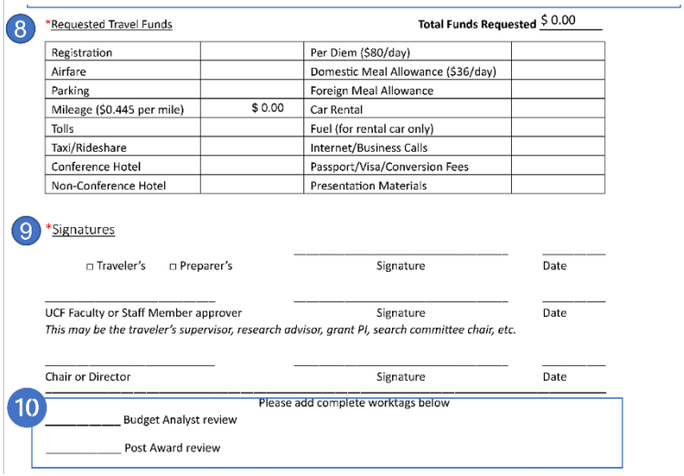
☐ Over 30 Days ☐ Travel Advance Requested ☐ Field Advance Requested + Power of Attorney

☐ Group Travel Roster ☐ Export Control ☐ Restricted Destination

☐ Overnight stay within 50 miles of headquarters ☐ Fly America Act (travel on Federal grants)

7 *Funding Source(s)
Please add your funding source - GRxxxxx, COSCxxxxxxx, DNxxxxx, or describe the funds that will be used (e.g. OUR, HUT, Professional Development, etc.), or state that it will be funded by another entitity:

8. 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 US Department of State rates. No receipts are required.
   h. Car Rental: UCF has contracted rates, please ensure you book through Concur or one of UCF 's contracts.


8 *Requested Travel Funds — Total Funds Requested $ 0.00

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Non-Conference Hotel		Presentation Materials	

9 *Signatures

☐ Traveler's ☐ Preparer's Signature Date

UCF Faculty or Staff Member approver Signature Date
This may be the traveler's supervisor, research advisor, grant PI, search committee chair, etc.

Chair or Director Signature Date

10 Please add complete worktags below

_____ Budget Analyst review

_____ Post Award review

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 cecstravelprocure@ucf.edu 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 CECS Finance Budget Business Center it will be routed for budget review if needed. Please leave this area blank.