

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) _____

Is there any Personal Time included in this proposed ticket? YES NO

Dates of personal time: _____

If personal time is included, a cost comparison must be provided to show that UF will incur no additional expense over the cost of business travel

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

FOR FINANCE AND ACCOUNTING USE ONLY:

Date Approved: _____ By: _____

Date Denied: _____ By: _____