

<b>Traveler Information</b>		Phone:	<input style="width:100%;" type="text"/>
Name:	<input style="width:90%;" type="text"/>	PID:	<input style="width:100%;" type="text"/>
Home Address:	<input style="width:90%;" type="text"/>	City/State/Zip	<input style="width:100%;" type="text"/>

<b>Trip Information</b>			
City/State:	<input style="width:150%;" type="text"/>	Departure Date:	<input style="width:100%;" type="text"/>
		Return Date:	<input style="width:100%;" type="text"/>

<b>Purpose (check one)</b>			
Research	<input style="width:50%;" type="text"/>	Presentation	<input style="width:50%;" type="text"/>
Professional Development	<input style="width:50%;" type="text"/>	Other	<input style="width:50%;" type="text"/>
Conference Name:	<input style="width:100%;" type="text"/>		
Presentation Title:	<input style="width:100%;" type="text"/>		
Other Purpose of Trip (only if not presenting):	<input style="width:100%;" type="text"/>		

Others Traveling for the same purpose:	<input style="width:100%;" type="text"/>
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Estimated Costs	Amount	Emergency Contact:
Airfare	<input style="width:100%;" type="text"/>	Name: <input style="width:150%;" type="text"/> Phone: <input style="width:100%;" type="text"/>
Registration	<input style="width:100%;" type="text"/>	<b>Traveler's Signature:</b> _____ Pursuant to section 112.061 (3) (a) of Florida Statutes, I hereby certify or affirm that this travel is on official business of the State of Florida and will be performed for the purpose(s) stated. If project related, this travel is necessary for the success and completion of the project. If foreign travel, and if I declined to purchase insurance, I am certifying that I am aware that my health insurance may not cover the medical expenses or emergencies in the foreign country
Lodging	<input style="width:100%;" type="text"/>	
Car Rental	<input style="width:100%;" type="text"/>	
Per Diem (Meals)	<input style="width:100%;" type="text"/>	
Mileage (if Private Car)	<input style="width:100%;" type="text"/>	
Incidentals	<input style="width:100%;" type="text"/>	
Total Estimated Cost	<input style="width:100%;" type="text"/>	

Funding Approvals	Amount (\$)	Account #	Approvers Name	Date
CASE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
GPSC	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Research Project	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

<b>Travel Approval</b>		
Supervisors Signature _____	Date: _____	PID: _____