

College of Medicine
Travel Authorization for Chairs, Associate Deans & Assistant Deans

Traveler's Name _____

Department _____

Travel Location _____

Departure Date _____

Return Date _____

Type

- Conference/Convention/Meeting
- Speaker
- Other

Description _____

-----Benefit to Grant/Project or Benefit to UF-----

Departmental personnel must ensure this travel is necessary for the performance of official business duties and is charged to an appropriate cost center.

Employee's Signature:

Approved:

P. Jan Eller, Associate Dean for Administrative Affairs

Please return the approved form to _____ (Name/Email Address)