

AUTHORIZATION FOR PER DIEM IN EXCESS OF 30 DAYS

Traveler's Name _____ Social security number _____
Official headquarters _____ Dept name _____
Travel date _____
Destinations(s) _____ Org code _____ EO _____
Encumbrance # _____ Prepared by _____ Ph. # _____

The following questions must be answered before approval can be granted:

1. Source of funds?

2. What is the purpose of this trip? List other governments and / or agencies represented.

DEPARTMENT CERTIFICATIONS/APPROVALS:

Pursuant to University of Florida Directives and Procedures, I hereby certify this is official business of the University of Florida and will be performed for the purpose stated:

Traveler's Signature _____	Supervisor's Signature _____
Typed Name _____	Typed Name _____
Typed Title _____ Date _____	Typed Title _____ Date _____

Dean's/Dept. Head's Signature _____
Typed Name _____
Typed Title _____ Date _____
