

**University of Central Florida
Music Department**

Faculty Travel Request Form

Faculty Member's Name: _____

UCF Employee ID #: _____

Are you a United States Citizen? Yes _____ No _____

Dates of Travel: _____

Travel Destination(s): _____

Purpose of Trip: _____

How can you be reached while traveling? _____

How will you cover your teaching duties while traveling?

Course Number	Course Name	Days/Time	Location	How covered (name of substitute)

Expenses/Funds (Complete only if requesting university support)

Expenses (estimate)		Funding (all requested sources and amounts)
Transportation	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Registration	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Expenses \$	_____	Total Estimated Funding \$ _____

Faculty Member Signature: _____ Date: _____

Music Department Funding Approved: \$ _____

Music Department Chair Signature: _____ Date: _____