



Travel and Expense Module
 Authorize Approver Request Form

Date: _____

Department Manager

_____ Name/Title _____ UFID

Note: Department Manager is defined as Dean, Director, Dept. Head or Designee. All transactions will route to this individual for approval except the Dept. Manager's own travel transactions.

Approver for Department Manager

_____ Name/Title _____ UFID

Note: Transactions for the Department Manager **only** will route to this individual for approval.

Additional Approvers

_____ Name _____ UFID

_____ Name _____ UFID

_____ Name _____ UFID

Note: **ALL TRANSACTIONS** will require approval by additional approvers before final approval of the transaction.

Department ID's

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested By/Phone _____

Approved: _____
 (Signature of Dean, Director, Dept. Head/Date)

 (Signature of VP or Provost is required if the designee is lower than associate or assistant dept. head)

This request form supersedes all previous department requests.

Upon completion, please fax to the Travel Office at (352) 392-0081 or Mail to PO Box 115350.