



UNIVERSITY OF CENTRAL FLORIDA

\_\_\_\_\_  
*Name of Department/College/Center/Area Campus*

Date: \_\_\_\_\_

To: Dr. Michael D. Johnson, Provost and  
Executive Vice President for Academic Affairs

From: \_\_\_\_\_  
*Name of Travel Preparer/Requestor*

\_\_\_\_\_  
*Name of Department/College/Center/Area Campus*

Re: Employee travel to \_\_\_\_\_

The purpose of this memo is to request your approval for employee travel in excess of 30 calendar days for

\_\_\_\_\_  
*Name of Traveler*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Name of Department/College/Center/Area Campus*

Provide a brief description of the purpose of the travel and provide justification for the traveler's need to stay longer than 30 days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travel will begin on \_\_\_\_\_ and end on \_\_\_\_\_ for  
\_\_\_\_\_.

\_\_\_\_\_  
*Name of Traveler*

Should you have any questions or require additional information, please call me at  
\_\_\_\_\_.

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
Signature of Traveler's Supervisor

\_\_\_\_\_  
Provost Approval

Exhibit M  
Financial Affairs  
02/24/22