



## GROUP TRAVEL ROSTER OF TRAVELERS

Travel Date: \_\_\_\_\_ Group Leader's Name: \_\_\_\_\_  
 Dept./Project No.: \_\_\_\_\_ SA#: \_\_\_\_\_  
 Destination: \_\_\_\_\_

	Traveler's Name (Printed or Typed)	Status U.S. Citizen or Non-U.S. Citizen	Traveler Type (Student /Employee /Guest)	Type 1 if UCF is reimbursing: *				Signature of Traveler
				Hotel	Breakfast	Lunch	Dinner	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
<b>Total</b>								

\*type 1 or leave blank to get correct totals

	Staff Member's Name (Printed or Typed)	Status U.S. Citizen or Non-U.S. Citizen	Employee ID	Type 1 if UCF is reimbursing: *				Signature of Traveler
				Hotel	Breakfast	Lunch	Dinner	
1.								
2.								
3.								
4.								
5.								
6.								
<b>Total</b>								

All meals and lodging provided should be marked as "comp" and these amounts should be deducted from the total amount to be reimbursed. I affirm that the above list of individuals' hotel and meals are correct as indicated.

\_\_\_\_\_  
Group Travel Leader Signature

\_\_\_\_\_  
Date

**PLEASE USE ADDITIONAL SHEETS AS NEEDED -- ONE FOR EACH DAY OF TRAVEL**