Activity and Service Fee Business Office
UNIVERSITY OF CENTRAL FLORIDA

GROUP TRAVEL ROSTER OF TRAVELERS Fiscal Year 2019-2020

Travel Date: _____ Group Leader's Name: _____

Dept./Project No: _____ PO #: _____

Destination: _____

	Student Traveler's Name (Printed or Typed)	Status		NID	Signature of Traveler	
		U.S. Citizen	Non-U.S. Citizen			
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.
6.						6.
7.						7.
8.						8.
9.						9.
10.						10.
11.						11.
12.						12.
13.						13.
14.						14.
15.						15.
16.						16.
17.						17.
18.						18.
19.						19.
20.						20.

	Staff Member's Name (Printed or Typed)	Status		NID	Signature of Traveler	
		U.S. Citizen	Non-U.S. Citizen			
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.

Group Travel Leader Signature _____ Date _____

Use Additional Forms as Needed

Revised 7/19