EXPENSE REIMBURSEMENT CHECKLIST

Name:			UFID:				
Destination:			Dates of				
All requests are based on College/modify this form as often as possi additional information or justifical indicate the actual amount and me Unless purchased using a PCard, Oexpense report.	ble to a tion. thod o RIGINA	f payme	odate needs and on the second of the second	changes e under ofor all	the applications	be flex	cible if asked for e column below.
If any receipt for an expense below	/ IS HOL						
		FOR OFFICE	Amount	t Paid U		امما	
Expense Type		USE	UF PCard	121	Perso	-	Complimentary
All receipts must show method of paym Visa Fee	ent.	ONLY	(Whose PCard was	used?)	Fun	us	Complimentary
	- n d a \						
Registration (include program ago							
Airfare (must include ticket numb	er)						
Baggage Fees							
Hotel (must have ZERO balance)							
Rental Car							
Fuel (for rental car only)							
Tolls							
Taxi/Shuttle							
Bus/Train		`					
Communication Fees		`					
Meals (see next page)							
Parking							
Personal Vehicle Mileage			Origin		De	stinatio	on
Misc. Expenses and/or							
Change/Penalty Fees			Amount	Explai	nation or	Justifi	cation
If "shared" hotel or vehicle from	above	(includi	ng a personal vehi	icle):			
Name (s)							
Affiliation to UF							
Reason for travel	☐ att	end me	eting	raveler	☐ Oth	ner:	
Contributed payment amount							
If invited talk/seminar							
Title of talk							

(attach copy of invitation)

Meals are reimbursed based on state mandates rates as well as departure and arrival times, i.e. domestic reimbursement is:

Breakfast = \$6.00 Lunch = \$11.00 Dinner = \$19.00

Place a \square on all meals for which you expect reimbursement. These should be those NOT provided as part of the conference/meeting. Remember to attach a program agenda.

D	ate	Da	ate	Date															
В		В		В		В		В		В		В		В		В		В	
L		L		L		L		L		L		L		L		L		L	
D		D		D		D		D		D		D		D		D		D	

D	ate	Di	ate	Date															
В		В		В		В		В		В		В		В		В		В	
L		L		L		L		L		L		L		L		L		L	
D		D		D		D		D		D		D		D		D		D	

Comments and/or additional information you feel may be helpful for staff to prepare this reimbursement: