UF BME Travel Reimbursement Request

(●) Travel Authorization (Before Travel) ( ) Expense Report (After Travel)

Traveler's Name:		TA #:	
UFID:		Project #:	

		Meals	Breakfast	Lunch	Dinner
Destination:		01/01/01	☐	☐	☐
Departure Date:			☐	☐	☐
Departure Time:			☐	☐	☐
Return Date:			☐	☐	☐
Return Time:			☐	☐	☐

Note excess meals in comments box

Expenses

List **ALL** expenses (both personal and p-card)

Personal Funds	Amount	P-Card	Amount
Mileage	$ 0.00	Choose Expense Type	$ 0.00
Airfare	$ 0.00	Choose Expense Type	$ 0.00
Registration	$ 0.00	Choose Expense Type	$ 0.00
Lodging	$ 0.00	Choose Expense Type	$ 0.00
Choose Expense Type	$ 0.00	Choose Expense Type	$ 0.00
Choose Expense Type	$ 0.00	Choose Expense Type	$ 0.00
Choose Expense Type	$ 0.00	Choose Expense Type	$ 0.00
Choose Expense Type	$ 0.00	Choose Expense Type	$ 0.00
Choose Expense Type	$ 0.00	Choose Expense Type	$ 0.00
Misc Expense (Write in Misc Travel Expense Here)	$ 0.00	Misc Expense (Write in Misc Travel Expense Here)	$ 0.00

Description of Travel and Additional Comments

PLEASE ATTACH ALL RECEIPTS, REGISTRATION FEE DOCUMENTATION, MEETING SCHEDULES, OR OTHER PERTINENT INFORMATION TO BACK EXPENDITURES.

Your Reimbursment:	$ 0.00
P-Card:	$ 0.00
Total Expense:	$ 0.00

I hereby certify or affirm that the above were actually incurred by me as necessary traveling expenses in the performance of my official duties: attendance at a conference or convention was directly related to the official duties of the agency; any meals or lodging included in a conference or conventional fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061 Florida Statues.

Traveler's Signature _____ Date _____

PI's Signature _____ Date _____

Note: Electronic signatures are preferred but not mandatory