

Travel Request Form

Name _____ UFID _____
 Conference or Event Name _____ City & State _____
 Departure Date _____ Return Date _____
 Source of Funds (Division, Grant, Foundation, Other) _____

It is UF policy that all purchases should be made through a UF Pcard, only when the Pcard is not accepted are personal expenses allowable

Please estimate travel costs and secure required approval below **before travel** or making purchases

Please check one box for each expense

Personal Pcard	Estimated expenses	Documentation Required for Reimbursement
_____	Registration	Itemized registration confirmation <u>MUST INCLUDE REGISTRATION APPLICATION</u>
_____	Airfare	Complete itinerary with travel times and ticket no.
_____	Lodging	Complete folio including total cost breakdown of room charges only <u>(no food or incidentals)</u>
_____	Parking	Receipts required if over \$25.00
_____	Taxis	Receipts required if over \$25.00
_____	Tolls	Receipts required if over \$25.00
_____	Rental Car	Complete Rental Agreement
_____	Fuel	Itemized receipts
_____	Other	_____
_____	Meals	Roughly \$36 per day, varies by travel times
_____	Mileage	Number of miles x \$0.445

Estimated Total _____

Approval Signatures

Traveler Approval

Division Chief / Chair Approval

Fiscal Approval

Please report actual costs for **completed travel** below within 10 days of returning

Final Depart Date _____ Time _____
 Final Return Date _____ Time _____

Attached Documentation Check List

Conference Agenda All Relevant Receipts

Please check one box for each expense

Personal Pcard Actual Expenses

Travel must begin before and end after the times provided below for reimbursement

	6am - 8am	12p - 2p	6p - 8p		
_____	\$6 Breakfast	\$11 Lunch	\$19 Dinner	Date	Total
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____

Actual Total _____

Total Miles _____ Start Location _____
 Multiplier \$0.445/Mile End Location _____

Names of additional passengers _____

If claiming mileage to airport from home, include home address

Traveler Approval _____ **Date** _____