

# EXPENSES REIMBURSEMENT CHECKLIST

*\*\*\*To ensure that ERs are processed within the 60 days limit, ER checklist and receipts must be received at our office \*\*\*  
no later than 45 days for domestic travel and 30 days for foreign travel.*

Name: \_\_\_\_\_ UFID: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Funding Source for this travel: \_\_\_\_\_

Indicate the ACTUAL amount and method of payment for expenses being reported:

Expense Type <i>All receipts required</i>	UF P-Card** <i>Whose P-Card</i>	Personal funds <i>Credit card statement required for international travel</i>	Complimentary
Airfare			
Baggage fees			
*Hotel/Sharing of Room			
Registration			
Communication fees			
Rental car <i>(for mileage see below)</i>			
Parking			
Fuel			
Taxi/Shuttle fees			
Bus/ Train/Other Trans			
Tolls			
Misc/Other			
***Meals (See Below)			
<b>Totals:</b>			

For **mileage reimbursement** on **personal car**, provide the origin and destination of travel (in the comment section) or use MapQuest and attach the printout: **Total Mileage:**

\*\*\*Place an x next to all meals **not** provided as part of the conference/meeting (*meeting program and airline ticket required*)

DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
B _____	B _____	B _____	B _____	B _____	B _____	B _____
L _____	L _____	L _____	L _____	L _____	L _____	L _____
D _____	D _____	D _____	D _____	D _____	D _____	D _____

Additional space for meals on page 2

\*If you shared a room or vehicle (including personal) with anyone, please list this individual, their affiliation to UF, reason for travel, and if they paid anything toward the expenses.

Travel Office Use Only Date Received \_\_\_\_\_ Initials \_\_\_\_\_

Please see next page for additional information required and space for comments and other expenses not covered above.

