TRAVEL REIMBURSEMENT REQUEST

Employee Name: _____ TAR #: _____

UF ID # _____ Dates of Travel: _____

Purpose of Travel / Name of Conference: _____

Date									**Total**
Beg. Time/ End Time									
Location of Travel									
TRANSPORTATION	Air, Rail, Bus, etc.								
	Car Rental								
	Taxi, Limousine								
	Automobile Mileage								
	Parking, Tolls								
Lodging									
MEALS	Breakfast								
	Lunch								
	Dinner								
Per Diem									
Incidentals / Other*									
Summary Total									

Less Advance Received	
Less P-Card Charges	
Net Amount Due	

* OTHER - (include description and amount):

_____

_____

_____

_____

_____

PLEASE ATTACH ALL RECEIPTS AND A COPY OF THE AGENDA

I hereby certify or affirm that the above expenses 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 official duties of the agency; any meals or lodging included in a conference or convention registration 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 Statutes.

_____ _____

Employee Signature Date