DEPARTMENT OF MATHEMATICS
TRAVEL REIMBURSEMENT REQUEST

After you have returned from your trip, please give the following information (if applicable) to Margaret as soon as possible.

1. Brochure and program of conference/convention. All dates, locations, name of conference, and registration fee must be shown on brochure of program. All meals provided by the conference at no additional cost must be subtracted from the travel voucher. Please include an invitation whenever possible.

2. Conference/convention registration fee receipt and registration form reflecting the amount.

3. Transportation receipts: Airline ticket receipt with complete itinerary, train, bus, taxi, etc. (THE STATE WILL NOT REIMBURSE FIRST CLASS AIR FARE OR ADDITIONAL CHARGES FOR MORE THAN DIRECT ROUTE.)

4. Rental cars: Need itemized copy of rental agreement. Use ENTERPRISE and National customer# 43A3255; PIN number is "UNI". Justification (in writing and signed by Traveler) is required if Enterprise is not used or if a car larger than compact class “B” is rented. Occupants must wear seat belts. THIS IS MANDATORY.

5. Original receipt for all expenses claimed. Hotel receipts must be itemized and show occupancy rate. Credit card sales receipts are not acceptable without itemized bill. The State will reimburse actual expenses for lodging at a single occupancy rate or one-half of the double occupancy rate when shared with another UF traveler. All rates in-state over $100.00 before tax and $150.00 out-of-state before tax must either be at the location of the conference or supply a hotel rate guide to establish the most economical cost.

NOTE: FOREIGN TRAVEL IS NO LONGER REIMBURSED BY PER DIEM. The State will reimburse hotel expenses with a receipt but at a maximum rate authorized for the date of travel. Meals are reimbursed without receipt at a foreign (maximum) rate approved for the date of travel. Authorized rates are established by the Department of the State and are available in Travel Section, 114 Elmore Hall, 392-1245, ext. 200.

6. Time, date and location of each departure and arrival. This is especially important for foreign travel.

TODAY’S DATE: _____________________
TRAVELER: ___________________________________  UFID: _______________________

DATES OF TRAVEL:  
Departure ___________________  Time ___________________
Return ___________________  Time ___________________

DESTINATION: _____________________________________

PURPOSE OF TRIP AND BENEFIT TO STATE/GRANT: _____________________________
______________________________________________________________________________

REIMBURSEMENTS REQUESTED: Please indicate the method and amount of reimbursement

TRANSPORTATION:  
Airfare ____________________________
Car Rental ____________________________
Gas (rental car only) ____________________________
Mileage (.445/mile) ____________________________
Train ____________________________
Taxi/Shuttle ____________________________
Others (list) ____________________________

MEALS:

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<thead>
<tr>
<th>Domestic Meal Allowance</th>
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<tbody>
<tr>
<td>Breakfast $6</td>
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<tr>
<td>Lunch $11</td>
</tr>
<tr>
<td>Dinner $19</td>
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<tr>
<td>Total $36</td>
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INCIDENTAL EXPENSES:  
Lodging ____________________________
Per Diem ($80/day) ____________________________
Registration ____________________________
Other ____________________________________

<table>
<thead>
<tr>
<th>Circle B, L, D Reimbursable</th>
<th>Total</th>
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<tbody>
<tr>
<td>Date: B L D</td>
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Funding source: ____________________________

COMMENTS:  
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________