

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:

<u>Domestic Meal Allowance</u>	
Breakfast	\$ 6
Lunch	\$11
Dinner	<u>\$19</u>
Total	\$36

INCIDENTAL EXPENSES:

Lodging _____
Per Diem (\$80/day) _____
Registration _____
Other _____

Circle B, L, D Reimbursable	Total
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$
Date: B L D	\$

Funding source: _____

COMMENTS: _____

