

CASH EXPENSE REFUND

UNIVERSITY OF FLORIDA

GENERAL INSTRUCTIONS	
IF THE ORIGINAL EXPENSE IS RELATED TO <u>TRAVEL</u>	<ol style="list-style-type: none"> 1. Fax the completed Cash Expense Refund Form using the original Voucher cover sheet to Fax Imaging (846-1020). 2. Endorse/stamp the back of the check and forward the check and the completed Cash Expense Refund Form to: Travel Office, PO Box 115350, 114 Elmore Hall.
IF THE ORIGINAL EXPENSE IS RELATED TO A <u>GRANT FUND: 201, 209, 211, 212, 213, or 214 (non travel)</u>	<ol style="list-style-type: none"> 1. Fax the completed Cash Expense Refund Form using the original Voucher cover sheet to Fax Imaging (846-1020). 2. Endorse/stamp the back of the check and forward the check and the completed Cash Expense Refund Form to Contracts and Grants, PO BOX 113001, 123 Grinter Hall. 3. Fund 214 do the same as for other grant funds, but send to Office of Research Business Office, PO BOX 115500.
<u>ALL OTHER</u> CASH EXPENSE REFUNDS:	<ol style="list-style-type: none"> 1. Enter the deposit in PeopleSoft, then fax a copy of the Deposit Transmittal Form and completed Cash Expense Refund with the original Voucher cover sheet to Fax Imaging (846-1020). 2. Include the cash expense refund form in with your deposit when submitting to University Cashiering at Criser Hall.

ORIGINAL EXPENSE INFORMATION	
Original Expense Date	
Traveler's Name (if applicable)	
Traveler's UFID (if applicable)	
Original Voucher, Expense Report No., or Journal ID (including line number)	
<u>ALL CASH EXPENSE REFUNDS</u>	<ol style="list-style-type: none"> 1. If reimbursing a PCard, you must include original voucher number. 2. If reimbursing multiple vouchers, expense reports, or Journal IDs please break down the amount being refunded to each, use the "Explanation/reason for refund" box if necessary.

CHARTFIELD OF ORIGINAL EXPENSE										
Original Amount	Reimbursement Amount	Dept ID	Fund Code	Program	Account Code	Source of Funds	Project	Flex	UFID	CRIS

CONTACT INFORMATION	
Department Name	
Campus Address	
Contact Name	
Contact Phone Number	
Contact Email	

REFUND INFORMATION	
Tender type (Cash, Check, EFT)	
Refund received from	
Amount of refund	
Date refund received	
Explanation/reason for refund	

DEPOSIT INFORMATION <i>(to be completed by Travel or C&G if travel or grant related)</i>	CONTRACT AND GRANT USE ONLY	
Deposit Unit		Date of Award/Project Expiration
Deposit ID		Refund/Deposit Processed by
Date of Deposit		Research Administrator