

SFRC Travel Expense Request (TER)

Updated:
11/20/2014

If you are a new UF traveler, please provide your mailing address beside "Traveler".

Traveler: _____ UFID: _____
 Account Holder: _____ UFID: _____
 Mailing Address: _____ Phone Number: _____
 Purpose of Travel: _____
 Benefit to State: _____
 Benefit to CRIS Project (required for Fund 221): _____
 Travel Start/End Dates: _____ to _____
 State Vehicle (if applicable): _____ Travel Start/End Times: _____ to _____

ACCOUNTS TO CHARGE:

Dept. ID	Fund	Program	Source	Project #	Budget Reference	Flex Code	CRIS (required for 221 accounts)	Charge Amount

EXPENSES:

Expense Type	Location	Dates	Amount	Description (for other purchases)	Charge to...

Breakfast - \$6.00 max: When travel begins before 6:00 A.M. and extends beyond 8:00 A.M.

Lunch - \$11.00 max: When travel begins before noon and extends beyond 2 P.M.

Dinner - \$19.00 max: When travel begins before 6:00 P.M. and extends beyond 8:00 P.M.

By E-signing this document, you certify that the expenses listed were actually incurred as necessary traveling expenses in performance of official duties; attendance at a conference or convention was directly related to official duties of 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; and that reimbursement has not been sought from a third party. For the intents and purposes of this document, an electronic signature will consist of your name, the date that this expense report is being submitted, and an E-mail address through which you can be contacted. Should insufficient or no information be provided, the processing of your travel expense request may be delayed.

Traveler Signature: _____ **Date:** _____

Traveler E-mail address: _____

Funding Signature: _____

