SFRC Travel Expense Request (TER)

Updated: 12/12/2017

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

Traveler Name: John Q. Public

UFID: 77777777

Phone #: 352-123-4567

Mailing Address: _____

*Track your Expense Report through myUFL – My Self Service→Travel and Expenses→ Expense Reports→View - enter your UFID and search

E-Mail Address: john.q.public@xxxxxxx.com (please provide a current/monitored email address)

Purpose of Travel: Field sampling at Crystal River, FL

Benefit to State: _____

Benefit to CRIS Project (required for Fund 221): _____

Travel Start End Dates: 12/1/18 to 12/3/18

Travel Start/End Times: 0800 to 1500 ***24 hour clock**

State Vehicle (if applicable): 777

State Vessel (if applicable): _____

ACCOUNTS TO CHARGE:

Account Holder Name (PI): Jane Doe

Dept. ID	Fund	Program	Source	Project #	Budget Ref	Flex Code	UFID	CRIS #	Amount
60460000	103	2100			CRRNT	6046START			478.00
				00098765					110.85

EXPENSES: **See pg 2 for additional lines and important information regarding Lodging**

Expense Type (See pg 2 for common)	Location	Dates	Amount	Description	PCard or Personal Funds?
Meals	Orlando, FL	12/1/18	30.00	Lunch/Dinner	Personal
Meals	Orlando, FL	12/2/18	36.00	All	Personal
Meals	Orlando, FL	12/3/18	17.00		Personal
Lodging	Orlando, FL	12/1-12/3/18	270.00		PCard
Other	Orlando, FL	12/1/18	15.00	Batteries, equipment maintenance	PCard
Fuel	Ocala, FL	12/1/18	57.36		PCard
Fuel	Orlando, FL	12/3/18	53.49		PCard

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.

Signature of this document certifies the expenses listed were 1) actually incurred as necessary traveling expenses in performance of official duties; 2) attendance at a conference/convention was directly related to official duties; 3) any meals or lodging included in registration fees have been deducted; 4) this claim is true and correct and conforms in every respect with the requirements of section 112.061, Florida Statutes; and 5) 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 request may be delayed.

Traveler Signature:_____ **Date:**_____

Funding Signature:_____

Additional Fields (if necessary):

Expense Type	Location	Dates	Amount	Description	PCard or Personal Funds?

Expense Types:

To see a full list of Expense Types, navigate myUFL as shown below, enter your UFID and click "ADD"
My Self Service→Travel and Expense→Expense Reports→Create/Modify (close window when finished)

Baggage Fees
Car Rental
Fuel – rental cars
Motor Fuels & Lubricants – Service Vehicles
Lodging
Map Mileage
Meals
Memberships & Dues
Parking
Registration Fee
Supplies-Lab
Supplies-Other
Taxi or Shuttle Services
Tolls

****LODGING -** If paying for lodging of other employees/volunteers, please include their names on any lodging receipts and ensure all TERs are completed and turned in at the same time to avoid delays in your reimbursement. If additional lodgers are not seeking reimbursement for any other items, please enter your name in the blank, have the additional lodgers complete the information chart below and include this in your TER.

By signing below, I hereby certify that _____ paid for my lodging on the dates shown and I am not claiming any additional reimbursements for this travel period.
Please type or write legibly.

Name	UFID	Dates of Stay	Signature