

# Department of Health Education and Behavior (HEB)

## INSTRUCTIONS FOR THE REIMBURSEMENT REQUEST FORM

This form is required when requesting a reimbursement. Attach all *itemized* receipts to this form, with the exception of meals if this is related to travel. Reimbursement for meals not related to travel (i.e., dinner for faculty recruitment) will require an itemized receipt. If your expense was paid with a p-card prior to departure, then our finance office should already have these receipts on file for you. Original receipts are required for all major travel expenses, including airfare, hotel, car rental, and any expenses that exceeds \$25. UF reimburses mileage and travel related meals based on rates already set.

**Class "C" travel** - Travel for short or day trips where the traveler is not away from his / her headquarters overnight. Class "C" meals are no longer reimbursed by the University.

**Portage** - Assistance in carrying or transporting the traveler's luggage and / or materials.

**Shared expenses** - Requires a copy of the other traveler's expense report. If no expenses were incurred by one traveler and all was paid by another, a signed statement is required by the traveler not claiming reimbursement stating what expenses the other traveler paid. Meals can only be claimed by each individual traveler.

**Computation of travel time for reimbursement** - The allowance for meals will be based on the following schedule:

- Breakfast - when travel begins before 6 AM and extends beyond 8 AM
- Lunch - when travel begins before 12 noon and extends beyond 2 PM
- Dinner - when travel begins before 6 PM and extends beyond 8 PM

**Airfare** - UF reimburses airfare for economy / coach accommodations. Preferred seating, comfort seating, extra leg room, etc. that require an extra cost in any class will not be allowed unless the trip is over 9 hours. First class transportation is not allowed. Business class travel will be acceptable if the flight exceeds 9 hours. *Traveler must retain all transportation ticket receipts. This receipt needs to include the purchase amount, method of payment, and detailed itinerary.* Cancellation charges will be reimbursed only if the traveler is ill or there is a death in the immediate family. A justification detailing the circumstances will need to be included with the receipt. Airfare insurance cannot be purchased on State funds. UF does not reimburse for expenses that are paid with reward points (i.e., sky miles) or the cost for a replacement of a lost ticket.

**Private vehicle** - Reimbursement rate is set at the State of Florida mileage allowance, which is \$0.445 / mile at this time.

- **Mileage table.** UF's Travel Office uses the following website to determine the mileage from Gainesville to another city.  
<http://www.fa.ufl.edu/wp-content/uploads/disbursements/MileageTable.pdf>

**Vehicle rentals** - Travelers shall make use of the State contract for rental vehicles. The current State of Florida contract is with Enterprise. Details can be found on the Procurement website at <http://www.purchasing.ufl.edu/contracts/rentals.asp>. Failure to use the Enterprise contract will require a written justification by the traveler. The State contract requires the rental of a compact vehicle. If a larger vehicle is required, then a justification signed by the traveler needs to be attached to the receipt.

**Miscellaneous expenses** - Anything over \$25 requires a receipt (i.e., tolls, parking, taxi).

**Traffic Fines** received while driving rental, personal, or University-owned vehicle is not reimbursable, even if you are traveling for business purposes.

**Tips** are reimbursable for meals, shuttle service, and taxis up to 15%.

## HEB REIMBURSEMENT REQUEST FORM

**Name:**

**UF ID:**

**Business Purpose:** *Click drop down menu and select reason for expense. If your choice is not listed, find one that comes closest or select Miscellaneous.*

**Report Description:** *Provide a general description of the travel or other expense in this field.*

**Reference:** *If some of the expenses was shared with another person, then please include the other person's full name and other details that will assist us in locating his / her Expense Report.*

**Benefit to the Grant or State:** *Use the drop down menu to make a selection. Select the most relevant benefit to the State or Grant.*

**Departure Date:** *Only required for  
Travel expenses*

**Return Date:** *Only required for  
Travel expenses*

**Departure Time:**

**AM**

**Return Time:**

**AM**

**PM**

**PM**

Below you will select the Date when you paid for the expense, use the drop down menu to select the Expense Type, type a short Description, use the drop down menu to select the Payment Type, and type the Amount. [Please enter your expenses in date order.](#)

**Date**

**Expense Type**

**Description**

**Amount**

Comp Trvl-Non UF Agency

Out of Pocket

P-card