

**Department of Health Education & Behavior**  
***TRAVEL REIMBURSEMENT REQUEST FORM***

Name: \_\_\_\_\_ UFID: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Business Purpose (select from drop down menu): \_\_\_\_\_

Description (i.e. name of conference): \_\_\_\_\_

Benefit to UF or Grant: \_\_\_\_\_

	Method of Payment	
	P-Card	Out of Pocket
<b>Registration</b> (Provide a copy of the registration details and agenda. Note which meals were included in the registration in the comments box below.)	\$ _____	
<b>Airfare</b> (Economy / coach only)	\$ _____	
<b>Car Rental</b> (rental contract and paid receipt required)  <i>Justification required for larger than compact car size was rented and if you used a vendor that is not on UF's contract.</i>	\$ _____	
<b>Per Diem</b> @ \$80.00/day in lieu of lodging and meals	\$ _____	
<b>Lodging</b> (Itemized paid receipt showing room rate and number of occupants required.)	\$ _____	
<b>Meal Allowance</b> (No receipts required. You will receive the allowable UF amount if travel was in US. If this was a foreign trip you will receive the allowable amount per the US Department of State ( <a href="https://aoprals.state.gov/Web920/location.asp?menu_id=95">https://aoprals.state.gov/Web920/location.asp?menu_id=95</a> )).	\$ _____	
<b>Mileage</b> (.445/mile)	\$ _____	
<b>Incidental/Miscellaneous</b> (taxis, portage, etc)	\$ _____	
<b>TOTAL</b>	\$ _____	

**SPECIAL INSTRUCTIONS/COMMENTS:**

**Supervisor Approval:** \_\_\_\_\_  
Signature Date

**Budget Approval:** \_\_\_\_\_  
Signature Date