

UF/IFAS WFREC TRAVEL EXPENSE REPORT

Employee Name: _____ UFID: _____

Position Title: _____ Fund Account Name: _____

Purpose of Travel: _____

Benefit to State: _____

Date	Time	City/State	City/State
Departure: _____	_____	From: _____	To: _____
		From: _____	To: _____
Return: _____	_____	From: _____	To: _____

Date:							
Per Diem*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Meal**:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D

	Personal	OR	Pcard
Registration Required: _____			
Mileage: # of Miles: _____ x .445 = _____			
Lodging Request: Hotel: _____			
Airline Ticket Request: Airline: _____			
Contract Rental Car: Vendor: _____			
Other Expenses: Reason: _____			
Reason: _____			
State Vehicle #: _____ Total Costs: _____			

* Per Diem is \$10 per eighth of a day (e.g. \$80 per full day, \$60 per ¾ day, \$40 per ½ day, and \$20 per ¼ day).

** Meals are \$6 for Breakfast, \$11 for Lunch, and \$19 for Dinner. **UF NO LONGER PAYS GSA RATES!**

Pursuant of Section II 2.061(3)(a), Florida Statutes, I hereby certify that this travel is for official business of the State of Florida and will be performed for the purpose(s) stated.

Traveler's Signature	Date
Supervisor's Initials	Date
Center Director's Signature	Date