

# V I S I T O R

## TRAVEL REIMBURSEMENT WORKSHEET

TRAVELERS NAME: \_\_\_\_\_

UF ID# \_\_\_\_\_ **OR** DATE OF BIRTH: \_\_\_\_\_  
(If assigned) (Provide if UF ID# has not yet been assigned)

EMPLOYER/AFFILIATION - SCHOOL, LOCATION and POSITION: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (Please Print Legibly)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

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PURPOSE OF TRIP: \_\_\_\_\_  
BENEFIT OF TRIP TO UF: \_\_\_\_\_

TRAVEL DATE/TIME: \_\_\_\_\_  
TRAVEL FROM: \_\_\_\_\_  
TRAVEL TO: \_\_\_\_\_

TRAVEL DATE/TIME: \_\_\_\_\_  
TRAVEL FROM: \_\_\_\_\_  
TRAVEL TO: \_\_\_\_\_

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**ESTIMATED EXPENSES:** (Please check applicable items and **estimate** cost)

- Airfare \$ \_\_\_\_\_
- Workshop/Conference Registration (if applicable) \$ \_\_\_\_\_
- Lodging \$ \_\_\_\_\_
- Meals (varies according to final destination) \$ \_\_\_\_\_
- OR**
- Per Diem (\$80/Day in lieu of receipts for lodging/meals) \$ \_\_\_\_\_
- Car Rental \$ \_\_\_\_\_
- Mileage (private vehicles) Insert total number of miles: \_\_\_\_\_ x \$ .4450/per mile = \$ \_\_\_\_\_
- Incidental Expenses (taxi, tolls, parking, phone, fax, etc) \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**(CHARGE EXPENSES TO A-DEPARTMENT or A-GRANT NAME/NUMBER: \_\_\_\_\_)**