UCF FOUNDATION, INC.

Foundation Office of Accounting
Travel Reimbursement Request

PAYEE: _____ Employee ID/Student ID/FEID: _____

ADDRESS: _____ PHONE: _____

CITY: _____ **STATE:** _____ ZIP: _____

PROJECT #: _____ PROJECT NAME: _____

PREPARED BY: _____

PHONE EXT: _____

ZIP+4: _____

IS PAYEE A U.S. CITIZEN? ☐ YES ☐ NO **IS PAYEE A(N):** ☐ EMPLOYEE ☐ STUDENT EMPLOYEE ☐ NON-EMPLOYEE/IND. CONTRACTOR ☐ STUDENT NON-EMPLOYEE

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION	DESCRIPTION	TIME OF DEPARTURE / ARRIVAL	PER DIEM OR ACTUAL MEAL EXPENSE(S)	PER DIEM OR ACTUAL LODGING EXPENSE(S)	MAP MILEAGE CLAIMED	VICINITY MILEAGE CLAIMED	OTHER EXPENSES	
								Amount	Type

JUSTIFICATION STATEMENT OF BENEFIT TO UCF

_____

_____

_____

Column Total	Column Total	0 Mi. @ 0.445	0 Mi. @ 0.445	Column Total	Summary Total
0.00	0.00	0.00	0.00	0.00	0.00

I hereby certify or affirm that this claim or reimbursement is true and correct; expenses were actually incurred by me as necessary in the performance of official duties; that reimbursement will not be sought from another source; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and this reimbursement is in accordance with Foundation policy.

Traveler's Signature: _____

Title: _____ Date Prepared: _____

Less Adjustment <use a minus sign when keying this amount>	
Net Amount Due Traveler	0.00

I hereby certify or affirm that the above travel was on official business for the University of Central Florida and was performed for the purposes stated above:

Supervisor's Signature: _____

Supervisor's Name: _____

Title: _____ Date Approved: _____

Project Authorizer Signature: _____

Name: _____

Title: _____ Date Approved: _____

Foundation Signature

Foundation Signature

CHECK NUMBER