

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

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	Mi.	Mi.	Column Total	Summary Total
_____						@ 0.445	@ 0.445		

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

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