

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 (\$50/Day in lieu of receipts for lodging/meals) \$ _____
- Car Rental \$ _____
- Mileage (private vehicles) Insert total number of miles: _____ x \$.4850/per mile = \$ _____
- Incidental Expenses (taxi, tolls, parking, phone, fax, etc) \$ _____

TOTAL \$ _____

(CHARGE EXPENSES TO A-DEPARTMENT or A-GRANT NAME/NUMBER: _____)

SUBMIT COMPLETED FORM **PRIOR TO TRAVELLING** TO Deborah Etchenique, PO Box 112055, 211 Bryant Space Science Center, Gainesville, FL 32611
QUESTIONS? CONTACT Deborah Etchenique 392-2052 Ext. 204 or email etcheniq@astro.ufl.edu