VISITOR
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# ____________________________

PURPOSE OF TRIP: ___________________________________________________________________
BENEFIT OF TRIP TO UF: _______________________________________________________

TRAVEL DATE/TIME: _______________________________________________________
TRAVEL FROM: _____________________________________________________________
TRAVEL TO: _______________________________________________________________
TRAVEL DATE/TIME: _______________________________________________________
TRAVEL FROM: _____________________________________________________________
TRAVEL TO: _______________________________________________________________

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 __________ or __________)

SUBMIT COMPLETED FORM PRIOR TO TRAVELLING TO Janet Rose, PO Box 112055, 211 Bryant Space Science Center, Gainesville, FL 32611
QUESTIONS? CONTACT Janet Rose 294-1875 or email jmrose@ufl.edu