Travel Expense Report Form (ER):

(this needs to be completed and signed no later than 2 weeks following travel)

Traveler: _____ ***UFID:*** _____

TAR Number (required):_____

Grant Project Code: _____
(should match that of the TAR)

Additional travel funding (BMS, Graduate School, etc.):_____

Name of Conference: _____
(we will need a daily agenda attached for reference if not provided with the TAR)

Business Purpose and how it pertains to the Grant or the University missions:
(should match that of the TAR)

_____

Actual NEW Expenses (please attach receipts for NEW PCARD and personal card charges**):**

	Name	**Cost**	
Registration: *(Name of Conference and Agenda required)*	_____	_____	**PCARD** ☐ **personal** ☐
Airfare:	_____	_____	**PCARD** ☐ **personal** ☐
Hotel/Lodging:	_____	_____	**PCARD** ☐ **personal** ☐
Rental Car:	_____	_____	**PCARD** ☐ **personal** ☐
Miscellaneous: (taxi, Uber, Parking, Tolls, etc.)	_____	_____	**PCARD** ☐ **personal** ☐
Miscellaneous: (taxi, Uber, Parking, Tolls, etc.)	_____	_____	**PCARD** ☐ **personal** ☐
Miscellaneous: (taxi, Uber, Parking, Tolls, etc.)	_____	_____	**PCARD** ☐ **personal** ☐
Miscellaneous: (taxi, Uber, Parking, Tolls, etc.)	_____	_____	**PCARD** ☐ **personal** ☐

	Number of Days	**Due Traveler**	**Per Diem**
Meals (no receipts necessary): Directives | CFO CFO (ufl.edu)	_____	_____	_____
	Number of Miles	**Due Traveler**	**Per Mile**
Mileage (no receipts necessary): http://www.fa.ufl.edu/departments/university-disbursement-services/travel/mileage-table/.	_____	_____	_____

Please find the following attached: Agenda for conference ☐ **PCARD and personal card receipts** ☐

Traveler's Signature: _____