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UNIVERSITY OF FLORIDA FOUNDATION, INC.
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EMPLOYEE EXPENSE REPORT
SUBMIT IN DUPLICATE TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT
392-5865

UFID #: _____

Employee Name: _____ Expense Report #: _____

Destination: _____ Source of Funds #: F _____

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Business Purpose / Benefit to UF: (If traveling with another employee identify that person below).

_____

_____

I certify that the information provided is an accurate record of expenses incurred for the benefit of the University of Florida.

Employee Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

Prepared By: _____ **Email:** _____

Campus Address: _____ **Phone:** _____

EXPENSE TYPE	DATE	MERCHANT	AMOUNT
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

MILEAGE: # of Miles: _____ X UF Mileage Rate*: _____ $ 0.00

Reimbursement for meals from attached Worksheet ** (see Business Center, Library, Forms) **Meals Total** $ _____

Subtotal of Amount Due To Employee $ **0.00**

Less prepaid travel expenses **included in above list** (attach blue form and requested documentation) $ (_____)

Total Due To Employee $ **0.00**

See Section 8 & 9 in http://fa.ufl.edu/uco/handbook/handbook.asp?doc=1.4.14 for the University's current *mileage & **meal reimbursement rates.

Revised on 6/23/2009