

Department of Chemical Engineering: Travel Expense Report (ER)

TRAVELER INFORMATION		
Traveler:		UFID#
Depart Date/Time:	Return Date/Time:	Project to Pay:
Destination of Trip:		
Purpose of Trip/Benefit to State or Project:		

EXPENSES				
Business Expense Description	Amount and Type of Payment			
	UF PCard	Personal Funds	Complimentary	Comments
Registration				
Airfare				
Lodging				
Car Rental				
Fuel for Rental				
Mileage (0.445/Mile) <i>Personal Car</i>				
Taxi/Shuttle/Train				
Baggage Fees				
Parking				
Tolls				
Meals				
Other				
Totals				
NON UF AFFILIATED TRAVELER				

Date of Birth:	Email Address:
Address:	

I hereby certify that this is for official business of the University of Florida and will be performed for the purpose(s) stated.

BUDGET AUTHORITY SIGNATURE IS REQUIRED FOR ANY TRAVELER OTHER THAN THE PI OF THE PROJECT

Traveler's Signature

Budget Authority Signature (PI)

Date

Finance Office Use Only:						
Dept. ID	Fund	Program	SOF	Flex	UFID	Project