SFRC Travel Expense Request (TER)

Updated:
2/19/2013

If you are a new UF traveler, please provide your mailing address beside "Traveler".

Traveler: John Q. Public UFID: 77777777

Account Holder: Jane Doe UFID: 44444444

Purpose of Travel: Field sampling at Crystal River, FL

Benefit to State (required for Funds 101 and 103): _____

Benefit to CRIS Project (required for Fund 221): _____

Travel Start/End Dates: 1/1/14 to 1/3/14 Travel Start/End Times: 8:00AM to 3:00PM

State Vehicle (if applicable): 777

ACCOUNTS TO CHARGE:

Dept. ID	Fund	Program	Source	Project #	Flex Code	CRIS (required for 221 accounts)	Charge Amount
6046	201	2200	G000330	00123456			478.00
6046	201	2200	G000330	00098765			110.85

EXPENSES:

Expense Type	Location	Dates	Amount	Description (for other purchases)	Charge to…
Meals ($6B, $11L, $19D)	Orlando, FL	1/1/14	30.00		Personal Funds
Meals ($6B, $11L, $19D)	Orlando, FL	1/2/14	36.00		Personal Funds
Meals ($6B, $11L, $19D)	Orlando, FL	1/3/14	17.00		Personal Funds
Lodging	Orlando, FL	1/1/14-1/3/14	270.00		PCard
Other (please specify)	Orlando, FL	1/1/14	125.00	Batteries, needed for euqipment	Personal Funds
Fuel	Ocala, FL	1/1/14	57.36		PCard
Fuel	Orlando, FL	1/3/14	53.49		PCard
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds

Breakfast - $6.00 max: When travel begins before 6:00 A.M. and extends beyond 8:00 A.M.
Lunch - $11.00 max: When travel begins before noon and extends beyond 2 P.M.
Dinner - $19.00 max: When travel begins before 6:00 P.M. and extends beyond 8:00 P.M.

By E-signing this document, you certify that the expenses listed were actually incurred as necessary traveling expenses in performance of official duties; attendance at a conference or convention was directly related to official duties of agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statutes; and that reimbursement has not been sought from a third party. For the intents and purposes of this document, an electronic signature will consist of your name, the date that this expense report is being submitted, and an E-mail address through which you can be contacted. Should insufficient or no information be provided, the processing of your travel expense request may be delayed.

Traveler Signature: John Q. Public **Date:** 1/5/14

Traveler E-mail address: john.q.public@xxxxxxx.com

Funding Signature: Jane Doe

Additional Fields (if necessary):

Expense Type	Location	Dates	Amount	Other	Charge to…
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
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N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds
N/A					Personal Funds

ACCOUNTS TO CHARGE							
DeptID	Fund	Program	Source	Project #	Flex Code	CRIS	Charge Amount