UCF COLLEGE OF EDUCATION
TRAVEL REIMBURSEMENT REQUEST FORM

Please submit **within 3 days** of return

***=required field**

TRIP INFORMATION

*Traveler's Name:	
*Name of Conference/Meeting:	
*City & State of Conference:	
*Date of Departure	*Hour of Departure
*Date of Return	*Hour of Return

REIMBURSEMENT CHECKLIST

The following ORIGINAL items must be included for reimbursement:

- ☐ Registration receipt
- ☐ Conference agenda at a glance
- ☐ Flight receipt with itinerary
- ☐ Baggage fee receipt
- ☐ Hotel folio showing last four digits of card and a zero balance
- ☐ Mapquest showing mileage
- ☐ Car rental and gas receipts
- ☐ Parking receipt
- ☐ Taxi/Shuttle/Toll receipt

Note: The traveler is responsible for submitting receipts for items paid for with PCard.

MEALS

For all meals that you are requesting state meal allowance, please fill in the dates and check which meals apply for each day.

Date	Breakfast	Lunch	Dinner
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

MILEAGE

Date	Starting Point	Ending Point	Mileage

ITEMIZATION OF INCIDENTAL RECIEPTS WITH TYPE, DATE, AND AMOUNT. INDICATE "NO RECIEPT" OR E-PASS IF APPROPRIATE.

TRAVELER MAY BE REQUIRED TO PROVIDE JUSTIFICATIONS FOR EXPENSES OUTSIDE OF F & A PARAMETERS.