

V# \_\_\_\_\_  
(8 digits)

## FINANCE AND ACCOUNTING GROUP TRAVEL SUMMARY REPORT



Preparer's Full Name \_\_\_\_\_ Phone No.: \_\_\_\_\_

Bldg. & Room# & Zip + 4 \_\_\_\_\_

Group Leader's Name	Vendor ID Number	PO Number	Dept./Project No.	Phone Number
Purpose of Trip: _____				
Benefit to University: _____				

Departure		Return		Travel Performed from:		
Date:	Hour:	Date:	Hour:	Point of Origin:	Destination:	
Common Carrier	Ticket#	From:	To:	Amount:	Name of Carrier:	
Airline						
Rental Car						
Did you Use a University Gas Credit Card? Yes / No _____ If yes, Card No. _____					XXXXXXXXXX	
List The License Number(s) of All Vehicles Used On This Trip (Private Vehicles Only)						
Meal Allowance for Class A and B Travel						\$
Per Diem or Actual Lodging Expenses						\$
Mileage (Private Vehicle Only) @ _____ per mile			_____ # of miles		\$	<b>0.00</b>
Incidental Expenses (attach a detailed list if necessary)						\$
Total Expenses						\$
Less Advance Received						\$
Less Non-Reimbursable Items Included on Purchasing Card						\$ <b>0.00</b>
Net Amount Due Traveler						\$ <b>0.00</b>
Net Amount Due The University (attached copy of cash receipt)						\$ <b>0.00</b>

I hereby certify or affirm that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes.  
I further certify or affirm that I have not been or will not be reimbursed for any of these expenses from another source and that these expenditures have not been paid via the UCF Purchasing Card.

\_\_\_\_\_  
Signature of Group Travel Leader

\_\_\_\_\_  
Date

Pursuant to Section 112.061(3) (a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of UCF and was performed for the purpose(s) indicated.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

FINANCE AND ACCOUNTING USE ONLY	
_____ Audited	_____ Approved

**Please attach F&A Form # 41-554A Group Travel Summary Roster of Travelers for each day of travel.  
SUBMIT A COPY OF THIS FORM TO F&A WITHIN TEN (10) BUSINESS DAYS OF COMPLETION OF TRIP.**

PO # \_\_\_\_\_

*THIS SECTION TO BE COMPLETED WHEN TRAVEL IS PERFORMED BY A COMMON CARRIER, UNIVERSITY VEHICLE, OR A RENTAL VEHICLE.*

Date	Ticket Number or University Vehicle Number	From	To	Amount	Name of Common Carrier

**UNIVERSITY OF CENTRAL FLORIDA PURCHASING CARD CHARGES**

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE UNIVERSITY PURCHASING CARD*

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE UNIVERSITY PURCHASING CARD*

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge
Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)			\$ -

**GENERAL INSTRUCTIONS**

- Class A travel -- Continuous travel of 24 hours or more away from official headquarters
- Class B travel -- Continuous travel of less than 24 hours which involves overnight absence from official headquarters
- Class C travel -- Travel for short or day trips where the traveler is not away from official headquarters overnight
- Breakfast --- when travel begins before 6 a.m. and extends beyond 8 a.m
- Lunch ----- when travel begins before 12 Noon and extends beyond 2 p.m
- Dinner ----- when travel begins before 6 p.m. and extends beyond 8 p.m.

NOTE: Per Diem and Meals are only applicable for Class A and B Travel. Rate of Per Diem and Meals shall be those prescribed by Section 112.061, Florida Statutes.

Non-reimbursable items may not be charged on the University Purchasing Card. Inadvertent non-reimbursable charges are to be deducted from the travel reimbursement claimed on the reverse side of this form on the line "Less Non-reimbursable Items Included on Purchasing Card" and the above "Non-reimbursable Items" section of "University Purchasing Card Charges" section above must be completed. Per diem shall be completed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of 24 hours or more will be calculated on the basis of 6-hour cycles, beginning at midnight; less than 24-hours travel will be calculated on the basis of 6-hour cycles, beginning at the hour of departure from official headquarters. Hour of departure and hour of return should be shown for all travel. Claims for actual lodging at single occupancy rate should be put in the "Per Diem or Actual Lodging Expenses" row and the appropriate meal allowances in the "Meals for Class A & B Travel" row. When travel is by common carrier and billed directly to the traveler, a copy of the ticket or invoice should be attached to this form. If travel is by common carrier and billed directly to the University, the "Travel Performed by Common Carrier or University Vehicle" section above should be completed. If travel is by common carrier and the carrier is paid by the use of the University Purchasing Card, the "University Purchasing Card Charges" section above should be completed. Justification must be provided for use of a noncontract airline (or one offering equal or lesser rates than the contract airline) or rental car (or one having lower net rate) when contract carriers are available. Additionally, justification must be provided for use of a rental car larger than a Class "B" car. If travel is performed by the use of a University-owned vehicle, the word "University" should be inserted in the section designated as "Travel Performed by Common Carrier or University Vehicle". If lodging is paid by the use of the University Purchasing Card, the words "Purchasing Card" should be inserted in the "Per Diem or Actual Lodging Expenses" row on the reverse side of this form, and the above section designated as "University Purchasing Card Charges" should be completed. Incidental travel expenses which may be reimbursed include: (a) reasonable taxi fare; (b) ferry fares and bridge, road, and tunnel tolls; (c) storage and parking fees; (d) telephone and telegraph expenses; (e) convention or conference registration fee. If meals are included in the registration fee, meals or per diem should be reduced accordingly. Receipts should be obtained when required. The official Department of Transportation map should be used in computing mileage from point of origin to destination whenever possible. When any University employee is stationed in any city or town for over 30 days continuous work days, such city or town shall be deemed to be his/her official headquarters and he/she shall not be allowed per diem or subsistence after the period of 30 continuous work days has elapsed, unless extended by the approval of the President of the University. A copy of an agenda and any detailed information pertaining to the purpose of the travel should be attached. Any fraudulent claim for mileage per diem or other travel expense is subject to prosecution as a misdemeanor.



## GROUP TRAVEL ROSTER OF TRAVELERS

Group Leader's

Travel Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Dept./Project No.: \_\_\_\_\_ PO#: \_\_\_\_\_  
 Destination: \_\_\_\_\_

	Student Traveler's Name (Printed or Typed)	Status		Vendor ID Number	Type 1 if You Received: *				Signature of Traveler
		U.S. Citizen	Non-U.S. Citizen		Hotel	Breakfast	Lunch	Dinner	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
	<b>Total</b>								

\*type 1 or leave blank to get correct totals

	Staff Member's Name (Printed or Typed)	Status		Vendor ID Number	Type 1 if You Received: *				Signature of Traveler
		U.S. Citizen	Non-U.S. Citizen		Hotel	Breakfast	Lunch	Dinner	
1.									
2.									
3.									
4.									
5.									
6.									
	<b>Total</b>								

All meals and lodging provided should be marked as "comp" and these amounts should be deducted from the total amount to be reimbursed.

I affirm that the above list of individuals' hotel and meals are correct as indicated.

\_\_\_\_\_  
Group Travel Leader Signature

\_\_\_\_\_  
Date

**PLEASE USE ADDITIONAL SHEETS AS NEEDED -- ONE FOR EACH DAY OF TRAVEL**