Please use lower case when completing this form. Using upper case increases the possibility of losing part of the entries.

Clear Entries

V#_____ (8 digits)

UNIVERSITY OF CENTRAL FL
VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

VENDOR ? | PREPARED BY ? | PO NUMBER ?
VENDOR ID # ? | PHONE ? | DEPT./PROJECT NO. ?
HEADQUARTERS ? | BLDG. & RM. ? | RESIDENCE (City, State) ?
CAMPUS & +4zip ?

IS TRAVELER A UCF STUDENT? ☐ Yes ☐ No IS TRAVELER A U.S. CITIZEN? ☐ Yes ☐ No CHECK ONE ☐ Employee ☐ Non-Employee/Ind. Contractor

Date ?	Travel Performed From point of Origin to Destination ?	Purpose or Reason (Name of Conference) ?	Travel Departure and Hour of Return ?	Meals for Class A & B Travel ?	Per Diem or Actual Lodging Expenses ?	Map Mileage Claimed ?	Vicinity Mileage Claimed ?	Other Expenses ? Amount	Other Expenses ? Type
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Statement of Benefit to UCF ?

Column Total	Column Total	0.00 Mi. @ $ 0.445 Mi.	Column Total	Summary Total
$0.00	$0.00	$0.00	$0.00	$0.00

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 that 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.

TRAVELER SIGNATURE: ?
DATE PREPARED: TITLE:

LESS ADVANCE RECEIVED ?	Use a minus sign when keying this amount >	
LESS ADJUSTMENTS ?	Use a minus sign when keying this amount >	
NET AMOUNT DUE TRAVELER		$0.00
NET AMOUNT DUE UNIVERSITY ?		

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business for the University of Central Florida and was performed for the purposes stated above:

SUPERVISOR SIGNATURE: ?
SUPERVISOR PRINTED NAME:
SUPERVISOR TITLE: DATE APPROVED:

FOR FINANCE & ACCOUNTING USE ONLY	Advance Payments
Check No.	
Check Date	
Voucher No.	

TRAVEL PERFORMED BY COMMON CARRIER OR UNIVERSITY VEHICLE

NOTE: If travel was performed by Common Carrier and paid for personally, receipt must be furnished. ?

Date	Ticket# or University Vehicle Tag Number	From	To	Amount (1)	Name of Common Carrier

(1) This column to be used only when there is an amount payable to a Common Carrier

Use this grey box to enter additional notes/remarks.

UNIVERSITY OF CENTRAL FLORIDA
VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES (Page 2 of 2)

Date	Travel Performed From point of Origin to Destination	Purpose or Reason (Name of Conference)	Travel Departure and Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	
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