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

UNIVERSITY OF CENTRAL FL
VOUCHER FOR
REIMBURSEMENT
OF TRAVELING EXPENSES

VENDOR: Marco Polo
VENDOR ID #: XXXXXXXXXX
HEADQUARTERS: UCF Main
IS TRAVELER A U.S. CITIZEN? ☑ Yes ☐ No

PREPARED BY: O. K. Staff
PHONE: XXX-XXX-XXXX
BLDG. & RM: Millican Hall, Rm 398
CAMPUS & +4 zip: +0002
CHECK ONE: ☑ Employee ☐ Non-Employee/Ind. Contractor

V# _____ (8 digits)
PO NUMBER: XXXXX
DEPT. / PROJECT NO.: XXXXXXXX
RESIDENCE (City, State): Orlando, FL

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
07/01/06	Orlando, FL. to San Diego, CA.	To attend the American Association of	1:00P	M	19.00	90.00	19		20.00	Taxi
07/02/06	San Diego, CA.	Accounting Conference		M	36.00	90.00			2.00	Tolls
07/03/06	San Diego, CA.			M	36.00	90.00			2.00	Portage Fee
07/04/06	San Diego, CA. to Orlando, FL.	Off State Time	10:00P	M		80.00	19		20.00	Taxi
				M					2.00	Tolls
				M					2.00	Portage Fee
				M					580.00	Airfare
				M					25.00	Agent Fee
				M						
				M						
				M						
				M						
				M						
				M						
				M						
				M						
				M						
				M						
				M						
				M						

SAMPLE – WITH TRAVEL ADVANCE

Statement of Benefit to UCF: Presenting at the conference will enable our department to receive additional grants and to setup partnerships with other institutions.

	Column Total	Column Total			Column Total	Summary Total
	$91.00	$350.00	@	38.00 Mi. 0.445 Mi. $16.91	$653.00	$1,110.91
LESS ADVANCE RECEIVED	use a minus sign when keying this amount>					-$300.00
LESS ADJUSTMENTS	use a minus sign when keying this amount>					
NET AMOUNT DUE TRAVELER						$810.91
NET AMOUNT DUE UNIVERSITY						

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.

TRAVELER'S SIGNATURE: _____
DATE PREPARED: _____ TITLE: Research Associate

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'S SIGNATURE: _____
SUPERVISOR'S TITLE: Director
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
07/01/06	7470001	Orlando, FL.	San Diego, CA.		Delta
07/01/06	7470002	Orlando, FL.			World Travel Partners

(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.

Form 41-901 (8-2006)

Exhibit E
Finance and Accounting
08/25/06