

TA #: \_\_\_\_\_

**WEC TRAVEL EXPENSE REPORT (ER)**

ER #: \_\_\_\_\_

SECTION 1 TRAVELER INFORMATION \*\*\* Please return the completed form & detailed receipts to [WECFiscal@ifas.ufl.edu](mailto:WECFiscal@ifas.ufl.edu) \*\*\*

Traveler Name: \_\_\_\_\_ UFID: \_\_\_\_\_ Email: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

Depart Date: \_\_\_\_\_ Depart Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Trip – What is the reason for this travel: \_\_\_\_\_

## SECTION 2 CHARTFIELD TO CHARGE THIS TRAVEL TO

Dept ID	Fund	Program	CRRNT/CYFWD	Project # or Name	Flex Code	CRIS	Funding Notes

Benefit to UF/Project – How does this trip benefit the chartfield you are charging above? Please explain in detail: \_\_\_\_\_

## SECTION 3 EXPENSES \*\*\*Itemized receipts are required for ALL travel expenses to include pcard charges\*\*\*

Business Expense Description	How did you pay for the expense list the amount in the type column below:			Comments/Vendors Names/Helpful Information
	UF Pcard	Personal Funds	Comp/Travel Grant/Other Funds	
Registration - Agenda & Registration Form Required				
Airfare				
Lodging				
Car Rental				
Fuel for Rental				
Mileage (0.445/Mile) <i>Personal Car</i>				
Taxi/Shuttle/Train				
Baggage Fees				
Parking				
Tolls				
Meals <i>B-6.00 L-11.00 D-19.00</i>				
Other				
Other				
Totals				

## SECTION 4 GUEST TRAVELER - NON UF AFFILIATED TRAVELER \*\*\*only complete if you are not an UF employee\*\*\*

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

## SECTION 5 ADDITIONAL COMMENTS

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I hereby certify that these expenses were actually incurred by me as necessary travel expenses and in the performance of my official duties; that this claim is true and correct in every material matter; and that the reimbursement has not been sought from a third party.

\*\*\*BUDGET AUTHORITY SIGNATURE IS REQUIRED FOR ANY TRAVELER OTHER THAN THE PI OF THE PROJECT\*\*\*

\_\_\_\_\_  
Traveler's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Budget Authority Signature (PI)\_\_\_\_\_  
Date