



Foundation Office of Accounting Travel Reimbursement Request

PAYEE: _____ PID: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____ ACCOUNT NAME: _____

PREPARED BY: _____
 PHONE EXT: _____
 ZIP+4: _____

IS PAYEE A U.S. CITIZEN? YES NO

IS PAYEE A(N): EMPLOYEE

NON-EMPLOYEE/IND. CONTRACTOR

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION	DESCRIPTION	TIME OF DEPARTURE / ARRIVAL	PER DIEM OR ACTUAL MEAL EXPENSE(S)	PER DIEM OR ACTUAL LODGING EXPENSE(S)	MAP MILEAGE CLAIMED	VICINITY MILEAGE CLAIMED	OTHER EXPENSES	
								Amount	Type

JUSTIFICATION STATEMENT OF BENEFIT TO UCF _____ _____	Column Total	Column Total	Mi.	Mi.	Column Total	Summary Total
			@ 0.445	@ 0.445		

I hereby certify or affirm that this claim or reimbursement is true and correct; expenses were actually incurred by me as necessary in the performance of official duties; that reimbursement will not be sought from another source; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me.

Traveler's Signature: _____
 Title: _____ Date Prepared: _____

Less Adjustment <use a minus sign when keying this amount>
 Net Amount Due Traveler

FOR FOUNDATION USE ONLY

I hereby certify or affirm that 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 Name: _____ Title: _____ Date Approved: _____	<input type="checkbox"/> 1099 on File <input type="checkbox"/> W9 on File <input type="checkbox"/> Scan Date	Foundation Signature										
Account Authorizer Signature: _____ Name: _____ Title: _____ Date: _____	Independent Contractor Certification	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">OBJECT CODE</th> <th style="width: 30%;">AMOUNT</th> <th style="width: 40%;">DATE STAMP RECEIVED</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	OBJECT CODE	AMOUNT	DATE STAMP RECEIVED							CHECK NUMBER
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