

**North Florida Foundation for
Research and Education**

1601 SW Archer Road
Gainesville, FL 32608
Main# (352) 548-6000 Ext. 103399

**TRAVEL
REIMBURSEMENT
FORM**

Name of Traveler:		
Mailing Address:		
City:	State:	Zip:
Work Phone:	Work Ext.:	Mail Code:
Alternate Phone #:		
Mail <input type="checkbox"/> or Pickup <input type="checkbox"/>		
Destination of Trip:		

Departure Date/Time:		
Return Date/Time:		
1.Meals & Incidentals	=	Please attach conference agenda. Per diem can be found at www.gsa.gov
2. Lodging/Hotel	=	Original itemized invoice showing \$0 balance
3. Airfare	=	Itinerary and proof of payment
4. Ground Transportation (Taxi, Bus, Shuttle)	=	Receipts required
5. Parking	=	Receipts required
6. Registration Fees	=	Copy of registration form and proof of payment
7. Other Expenses – Please Explain	=	Receipts required
8. Car Rental:	=	Original car rental slip and proof of payment
9. Private Car - Enter addresses below: Hospital address, if you work on-site. Home address, if you telework.		
Driven From:		Driven To:
Total # of Miles *current IRS rate per mile	=	Please note that if the above listed documents are not included with the travel reimbursement request, the request will be returned to the traveler
Total (1-9) Expenses (attach original receipts for all expenses including copies of prepaid items)	= \$	
Less Prepaid Expenses (attach copy of previously paid request form)	=	
Amount Due Traveler or Amount Due NFFRE (attach check payable to North Florida Foundation for Research and Education)	=	

I certify that the above is a true statement of the travel expense incurred by me during the date(s) shown on this claim, that all items were for the official business of the North Florida Foundation for Research and Education or VA approved research studies or education activities, and that if my personal vehicle was used it was covered by the minimum liability insurance required by travel regulations.

Travelers Signature **Date**

By signing this form, I hereby attest that the funds being disbursed are for goods and/or services related specifically to the grant, contract or other funding source associated with this project.

P.I. Signature (if applicable) **Date**

Executive Director Signature **Date**

PROJECT CHARGEBACK:

* To find current IRS standard mileage rate for business go here: <https://www.irs.gov/tax-professionals/standard-mileage-rates>