

Expense Report ID: _____

PeopleSoft: _____

Work log: _____

1. FORM INFORMATION

| | |
|-------------------|-------|
| LAS staff member: | Date: |
|-------------------|-------|

2. EXPENSE TYPE

| | |
|------------------------------|-----------------------------------|
| Travel Authorization | Cash Advance (UF Employees ONLY) |
| Expense Report/Reimbursement | Foreign Visiting Traveler Payment |

3. TRAVELER/PAYEE

| | |
|--------------------|------------------------|
| New UF Traveler | UF-Affiliated Traveler |
| Full name: | |
| UFID (DOB non-UF): | TA ID: |
| Phone number: | Email: |
| Current address: | |

4. FUNDING

| | |
|-----------------------------|------------|
| LAS ChartField: | Amount: \$ |
| 2 nd ChartField: | Amount: \$ |
| 3 rd ChartField: | Amount: \$ |
| Benefit to the state/grant: | |

5. TRAVEL DETAILS

| | |
|-------------------------|------------------------|
| Business Purpose: | Add'l details: |
| Destination: | Dates: _____ to: _____ |
| Conference/Workshop: | |
| Lecture/Research Topic: | |

6. EXPENSE DETAILS

| | | Amount | Personal | P-Card |
|---------------------------------|--------------|--------|----------|--------|
| Airfare | | | | |
| Car rental/Other transportation | | | | |
| Fuel/Mileage | Total miles | | | |
| Lodging | Total nights | | | |
| Meals/Per diem | Total days | | | |
| Registration fee/Other | | | | |
| Reimbursement | | | | |
| TOTAL: | | | | |