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**Travel Reimbursement**

Traveler: \_\_\_\_\_

UF ID: \_\_\_\_\_ Today's Date:

Please complete the form below, attach appropriate receipts and return it to this office **WITHIN 10 DAYS AFTER TRAVEL** in order to process your travel reimbursement.

Please remember to return an itinerary from conference, **original receipts**, with hotel bill (folio), tolls, parking, airfare, registration, etc, showing proof of payment. Otherwise reimbursement will be delayed or limited. You may be reimbursed for single occupancy hotel rate plus tax if applicable, 44.5 cent per mile, fare round trip coach, taxi, and parking. Meals are dependent upon times of travel.

Date of Departure (from your city) \_\_\_\_\_ Time \_\_\_\_\_ a.m. / p.m.

Date of Return (to your city) \_\_\_\_\_ Time \_\_\_\_\_ a.m. / p.m.

Tolls \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Taxi or Limo \$ \_\_\_\_\_

Round trip mileage \_\_\_\_\_ Reimbursement Amount @ 44.5 cent/mi \$

Airfare \$ \_\_\_\_\_ **ATTACH AIRLINE TICKET, ITINERARY AND PROOF OF PAYMENT**

Hotel \$ \_\_\_\_\_ **ATTACH ITEMIZED PAID HOTEL BILL**

Registration \$ \_\_\_\_\_ **ATTACH ORIGINAL RECEIPT**

Meals \$ \_\_\_\_\_

**NOTE: Receipts for meals are not required, but receipts are needed for items listed above.**

Reimbursement Total \$