

WEC TRAVEL EXPENSE REPORT

TER# _____
Official use only

Dept. ID: _____ FC: _____ PC: _____ SOF: _____ CRIS: _____ Project # _____

Name: _____ UF ID: _____ Email: _____

Purpose of Travel/Conference Title: _____

Location: From: _____ To: _____ TA# _____

----- ACTUAL EXPENSES -----

Time Start _____ AM PM Time End _____ AM PM

* **DATES** _____

* **MEALS:** \$36.00/day \$21.00/day Foreign Rate/ day
B/6 L/11 D/19 B/3 L/6 D/12 B: _____ L: _____ D: _____

Breakfast							
Lunch							
Dinner							

Paid with P-Card
 Paid by Traveler

*****Total each expense and record under appropriate column on the right.*****

* **LODGING:** Vendor: _____ (room and tax only) \$ _____ \$ _____

* **MISCELLANEOUS EXPENSES**

Parking: _____ \$ _____ \$ _____
 Tolls: _____ \$ _____ \$ _____
 Taxi: _____ \$ _____ \$ _____
 Phone/ Internet: _____ \$ _____ \$ _____
 Fuel (receipt required) _____ \$ _____ \$ _____
 Other (specify): _____ \$ _____ \$ _____

* **TRANSPORTATION:**

- Airfare Vendor: _____ \$ _____ \$ _____
 - Auto Mileage: _____ miles at 44.5¢/mile \$ _____ \$ _____
 - Car Rental Avis Enterprise Other: _____ \$ _____ \$ _____
* Justify below (i.e comments)
 - State/Federal Vehicle Number: _____

* **REGISTRATION:** Website: _____ \$ _____ \$ _____

TOTAL COST = \$ _____ \$ _____

Comments or Guest Traveler Info (Include full name, home address, birth date and email)

Paid via P-card
 Reimbursed to traveler

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 reimbursement has not been sought from a third party.

_____/_____/_____
 Employee Signature / Date / Approved / Date

COOP Approved: _____ / Date: _____ WEC Approved: _____ / Date: _____ TER Printed _____