

**UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC.**

Box 115500, Campus  
(352) 392-5221

**REQUEST FOR REIMBURSEMENT-TRAVEL & EXPENSES (T-1)**

Date: \_\_\_\_\_ P.I. \_\_\_\_\_ Project # \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Check Payable To: \_\_\_\_\_ SSN/Fed ID: \_\_\_\_\_  
Remittance Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Amount\*: \$ \_\_\_\_\_ (*A justification should be included on page 2 of this form*)  
Type of Expense: Travel \_\_\_\_ Food \_\_\_\_ Travel Advance \_\_\_\_ Other \_\_\_\_

Send Check To: Contact Person  Vendor  Other:  \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Traveler's Signature (if other than the P.I.): \_\_\_\_\_ Date: \_\_\_\_\_  
P.I. Approval\*: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson, Dean, Director or V.P. Approval\*: \_\_\_\_\_ Date: \_\_\_\_\_

- \*Note: 1) This form **must have two signatures**--the PI and someone above the PI. If the PI is the Department Chairperson, then the Dean or Director must sign. If the PI is the Dean or Director, then the appropriate Vice President must sign.  
2) UFRF **does not** pay per diem. **Original Receipts** must be attached for reimbursement.  
3) If you are traveling to attend a meeting or seminar, a copy of the **program** must be included.  
4) If this request is for an **advance** of funds, original receipts must be submitted to UFRF within **10 business days** of the travel expenditures. Failure to provide timely receipts will result in the issuance of a 1099-MISC to the traveler at year-end.

**For UFRF use only:**

Vendor #: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ BO Approval: \_\_\_\_\_  
Dept. I.D. \_\_\_\_\_ GL Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Source of Funds: \_\_\_\_\_  
Program: \_\_\_\_\_ Dept. Flex: \_\_\_\_\_  
**Approval – UFRF Officers. Two signatures required if \$10,000 or more:**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) The justification **must include** the **relationship of the traveler and expenses** to the research project.
- 2) If this request includes **entertainment** reimbursement, you **must** list **all attendees, the topic of discussion, date, and relationship** of each individual to the research project. Due to IRS regulations, please be as specific as possible.
- 3) UFRF reserves the right to reject any expenditure that would jeopardize its tax-exempt status or that is deemed to be unreasonable or outside the scope of research

<b>Justification:</b> _____ _____ _____ _____ _____
<b>Relationship of Traveler to the Project:</b> _____

**“I hereby certify that these expenses were actually incurred by me as necessary travel expenses and the performance of my official duties; that this claim is true and correct in every material matter; and that the reimbursement has not been sought from a third party.”**

\_\_\_\_\_   
 Traveler’s signature (required)

\_\_\_\_\_   
 Date

**List and Attach Original Receipts**

<u>Date of Expense</u>	<u>Paid To</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages as needed

**TOTAL:** \_\_\_\_\_

Less: UFRF advances(s) received: \_\_\_\_\_

**NET:** \_\_\_\_\_