

Foreign Visiting Traveler Payment Form University of Florida

This form is used for foreign visiting travelers that may experience delivery problems with their check. The form must be completed and submitted to the Travel office 5 business days prior to the visit to ensure the timely receipt of payment.

Traveler's Name: _____
 UFID: _____
 Amount: _____
 Travel Dates: _____
 TA Number: _____

Chartfields and Estimated Expenses for the Travel Expense Report:

	Travel Chartfields	Travel Expense Type	Amount	Method of Payment (Direct Payment, UF Pcard, Personal Funds)
DeptID:		Lodging:	\$	
Fund:		Meals:	\$	
Program:		Airfare:	\$	
Account:		Car Rental:	\$	
Source:		Taxi:	\$	
Flex:		Mileage:	\$	
ID:		Parking:	\$	
CRIS:		Portage:	\$	
Projects:		Tips:	\$	
PC BU:		Misc.:	\$	
Project ID:				
Activity:		Total Amount:	\$	

Description of Travel: (Must be completed)

Business Purpose and Benefit to the University: (Must be completed)

Upon approval of the expense report, please remember to have the traveler signed the signature page to go with the backup documentation in the expense report.

Information for Check Pickup at Elmore Hall:

Contact Person: _____
(Name)

(Phone)

Certification:

I certify that all information is factual, accurate, and this document is a realistic estimate for the visiting travel.

Submitted by: _____
Name (typed) Name (signature) Date

Complete the form and send to Travel, PO Box 115350. Fax to (352)392-0081. Email at travel@ufl.edu