

Clear Form

EXPENSE REFUND

UNIVERSITY OF FLORIDA

GENERAL INSTRUCTIONS – SELECT ONE OF THE OPTIONS BELOW	
OPTION 1: Original expense is related to a GRANT FUND: 201, 209, 211, 212, 213, or 214	<ol style="list-style-type: none">Contracts & Grants will enter the deposit in myUFL.Forward the endorsed check and the completed Expense Refund form to PO Box 113001, Room 033 Tigert Hall.Upload support documentation to the <u>original expense report</u> in myUFL.
OPTION 2: Original expense is related to TRAVEL (non-grant fund)	<ol style="list-style-type: none">Travel Office will enter the deposit in myUFL.Forward the endorsed check and completed Expense Refund form to PO Box 115350, 116 Elmore Hall.Upload support documentation to the <u>original expense report</u> in UF GO.
OPTION 3: ALL OTHER Expense Refunds	<ol style="list-style-type: none">Enter a deposit in myUFL. Upload the Expense Refund form to the deposit in myUFL.Endorse the check and remit to the bank for deposit.Upload support documentation to the <u>original expense report</u> in myUFL.

ORIGINAL EXPENSE INFORMATION	
Original Expense Date	
Traveler's Name and UFID (if applicable)	
Original Voucher, or Journal ID (including line numbers)	
ALL EXPENSE REFUNDS	<ol style="list-style-type: none">If reimbursing a PCard, you must include the original voucher number or journal ID.If reimbursing multiple vouchers or Journal IDs, please break down the amount being refunded to each.

CHARTFIELD OF ORIGINAL EXPENSE										
Original Amount	Reimbursement Amount	Dept ID	Fund Code	Program	Account Code	Source of Funds	Project	Flex	UFID	CRIS

CONTACT INFORMATION	
Department Name	
Contact Name, Phone Number, Email	
REFUND INFORMATION	
Refund received from	
Amount of refund	
Date refund received	
Explanation/reason for refund	

DEPOSIT INFORMATION (to be completed by C&G if grant-related)		CONTRACTS AND GRANTS USE ONLY	
Deposit Unit		Award ID / Award End Date	
Deposit ID		Project Budget End Date	
Date of Deposit		Grant Accountant	