

Travel Reimbursement

The Travel Reimbursement Request (TRR) form is required for travel reimbursement for both Program Assistants and FNP/EFNEP Visiting Agents. This is for when you use your own car and want to be reimbursed for the mileage. You should not use this form if you used the county car or if you were reimbursed by the county.

A good idea to keep track of mileage is to keep this form on a clipboard in your car with a pen so that you can write down your mileage everyday. Then, follow directions for Filling Out the Form.

Filling Out the Form

1. If you are doing this with pen and paper, print out the form now. If you are going to use Excel, you do not have to print it out right now.
2. Write or type employee name, UF ID, and county in the spaces provided.
3. Each day you travel should be included in one column. Do not use more than one column for the same day of travel, even if you went to several different places.
4. For each day of travel, enter the following information:
 - a. Begin Time: The first time you begin traveling for the day.
 - b. Begin Mileage: The odometer reading from your car before you begin.
 - c. End Time: The last time you end traveling for the day.
 - d. End Mileage: The odometer reading from your car at the end of the day.
5. If you had any other toll or parking fees, enter the amount in the space provided. If you had any other travel related expenses, include these under Other. Put a brief description on the line and enter the amount next to it. TRRs can not be used to get reimbursed for perishables, nutrition education materials, office supplies, or any other items not directly related to travel expenses.
6. If you printed out the form, follow the directions for "Calculating Reimbursement." If you are using Excel, these amounts will already be calculated. Print the form out now.
7. Sign it and have your supervisor sign it in ink.
8. Attach any receipts and the activity plan and report.
9. Mail to the state office by the 10th of the following month.

Calculating Reimbursement

1. To calculate mileage, subtract begin mileage from end mileage and write this number next to mileage in the appropriate column.
2. Add up the mileage for each day and write the total beside Totals Miles Traveled.
3. Multiply this number by \$0.29 and write the amount beside Mileage Reimb.
4. Add up Parking/Tolls and Other Expenses. Write this number beside Total Parking/Tolls and Other.
5. Add Total Parking/Tolls to Mileage Reimb. and write this number under Total Reimbursement.

Saving Your Information

Since this form is printed out and sent in, you may delete the information at the end of the month and use the same form again. If you want to keep the information electronically, go to File, Save As, then save the file under a different name each time.

Travel Reimbursement Request									
Employee Name: _____					UF ID: _____				
Purpose of Travel: <u>conduct nutrition education lessons</u>					County: _____				
Date									
Begin Time									
Begin Mileage									
End Time									
End Mileage									
Mileage									
Date									
Begin Time									
Begin Mileage									
End Time									
End Mileage									
Mileage									
Parking/Tolls:					Total Miles Traveled: _____				
Other (Please include description and amount.): _____					x \$0.29 = _____				
_____					Mileage Reimb. _____				
_____					Total Reimbursement:				
Total Parking/Tolls and Other: _____					(add mileage reimb and total parking/tolls and other)				
_____					_____				
<small>I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statutes.</small>									
_____ Employee Signature					_____ Date				
_____ Supervisor Signature					_____ Date				

Please attach all receipts and Activity Plan and Report.

Both Activity Reports and Travel Reimbursement Request forms are due the 10th of the next month.

We can only accept original forms, so please DO NOT FAX THEM.