

Checklist:

- ✓ Complete and sign form
- ✓ Provide original receipts secured to a sheet of paper

Questions?

- ✓ (352)273-4205
- ✓ cpcook@coe.ufl.edu

**THE HOLMES PARTNERSHIP®
TRAVEL EXPENSE REPORT**

Name: _____

Home Mailing Address: _____

Social Security #: _____ Are you a U.S. Citizen? Yes ____ No ____

Phone: (____) _____ Email: _____

Travel Dates: _____ Location: _____

Purpose: _____

EXPENSES

Transportation (airfare, train fare): _____

Meals (Include receipts for meals over \$10.00):

 Breakfast (\$10 per diem) _____

 Lunch (\$10 per diem) _____

 Dinner (\$20 per diem) _____

Ground Transportation (bus/shuttle/taxi): _____

Lodging: _____

Parking: _____

Auto Mileage _____miles @ \$.55 per mile: _____

Miscellaneous (internet, other relevant expenses): _____

TOTAL: _____

Claimant's Signature:

Submit all for reimbursement to: Christine P. Cook
Operations Manager
 The Holmes Partnership®
 c/o University of Florida
 College of Education
 P.O. Box 117056
 Gainesville, FL 32611-7056