

# CASH EXPENSE REFUND

## UNIVERSITY OF FLORIDA

GENERAL INSTRUCTIONS	
IF THE ORIGINAL EXPENSE IS RELATED TO A <b>GRANT FUND:</b> <b>201, 209, 211, 212, 213, or 214</b>	<ol style="list-style-type: none"> <li>Endorse/stamp the back of the check and forward the check and the completed Cash Expense Refund Form to <b>Contracts and Grants</b>, PO BOX 113001, 033 Tigert Hall.</li> <li><b>Fund 214</b> do the same as for other grant funds, but send to Office of Clinical Research, PO BOX 100158</li> <li>Copies of the supporting documentation should be attached via the attachment link in the original expense transaction located in the MyUFL subsystem (Disbursements or Travel).</li> </ol>
<b>ALL OTHER CASH EXPENSE REFUNDS:</b>	<ol style="list-style-type: none"> <li>Enter the deposit in PeopleSoft, endorse/stamp the back of the check and forward the check, the deposit transmittal form and the completed Cash Expense Refund Form to Cashiering, S113 Criser Hall.</li> <li>Copies of the supporting documentation should be attached via the attachment link in the original expense transaction located in the MyUFL subsystem (Disbursements or Travel).</li> </ol>
If you would like the Travel Office to complete the non-grant fund deposit for you...	Endorse/stamp the back of the check and forward the check and the completed Cash Expense Refund Form to: <b>Travel Office</b> , PO Box 115350, 116 Elmore Hall.  Use form <b>Travel Advance Refund</b> when returning advanced funds and send all to the <b>Travel Office</b> address above.

ORIGINAL EXPENSE INFORMATION	
Original Expense Date	
Traveler's Name (if applicable)	
Traveler's UFID (if applicable)	
Original Voucher, Expense Report No., or Journal ID (including line number)	
<b>ALL CASH EXPENSE REFUNDS</b>	<ol style="list-style-type: none"> <li>If reimbursing a PCard, you must include original <b>voucher</b> number.</li> <li>If reimbursing multiple vouchers, expense reports, or Journal IDs please break down the amount being refunded to each, use the "Explanation/reason for refund" box if necessary.</li> </ol>

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	
Campus Address	
Contact Name	
Contact Phone Number	
Contact Email	
REFUND INFORMATION	
Tender type (Cash, Check)	
Refund received from	
Amount of refund	
Date refund received	

Explanation/reason for refund	
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<b>DEPOSIT INFORMATION</b> <i>(to be completed by C&amp;G if grant related)</i>		<b>CONTRACT AND GRANT USE ONLY</b>	
Deposit Unit		Date of Award/Project Expiration	
Deposit ID		Refund/Deposit Processed by	
Date of Deposit		Research Administrator	