

Student Travel & Reimbursement Form E#

Include Acknowledgement Form and Agenda with Travel Form (PLEASE TYPE)

Sponsor's Name: _____ B#: _____ Phone: _____
 Index # _____ Campus _____ Department _____ Building # _____ Room # _____

Destination: (City and State) _____ Meeting/Conference _____
 Departure Date _____ Time _____ AM PM Return Date _____ Time _____ AM PM
 Select Day: __S __M __T __W __R __F __S Select Day: __S __M __T __W __R __F __S
Statement of Benefit: Indicate the purpose of the travel and the benefit to the college from the trip:

Prepay Airfare Prepay Registration Fee Prepay Game Meals Prepay Lodging College Vehicle

Student Costs/Index #	Student Estimated Cost	Student Ck/Pcard Pymts.	Student Amount Claimed	Employee Estimated Cost	Employee Prepay Payments	Employee Amount Claimed	Reimbursement/ Amount Due EFSC (Accounting Use)
Airfare							
Rental Car, tax, limousine, bus							
Registration Fee							
Map Mileage (_____) x 44.5 per mile							
Vicinity Mileage (_____) x 44.5 per mile							
Tolls/Parking (attach receipts if greater than \$15)							
Phone (itemize receipts)							
Other (specify)							
Students Meals (estimate) X Days x Rate =							
Lodging (Days x Rate=)							
Total Costs							

Signature of Sponsor _____ **Date** _____
Approved: Supervisor _____ **Date** _____
Budget Custodian/Campus Provost _____ **Date** _____
Accounting/Budget _____ **Date** _____

TO BE COMPLETED 5 DAYS AFTER RETURN TRIP

Attach acknowledgement for, registration receipt, hotel bill and all other receipts.

SPONSOR Meals Calculator

Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

Acknowledgement Form must be completed for student meals.

Before 6:00 a.m. (\$6) S M T W R F S Before 12:00 noon (\$11) S M T W R F S After 8:00 p.m. (\$19) S M T W R F S

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

Sponsor's Signature: _____ **Date:** _____

Supervisor's Signature: _____



Student Acknowledgement/Receipt of Meals or Money

Sponsor's Name _____ B# _____ Phone _____

Departure Date _____ Time _____ AM PM Return Date _____ Time _____ AM PM TOTAL DAY/S:
 Departure Day S M T W R F S Return Day S M T W R F S

Breakfast (must leave before 6 a.m.) \$3 Lunch (must leave before 12 noon.) \$6 Dinner (must return after 8 p.m.) \$10

To my knowledge I hereby certify the information provided is accurate. (Please sign below under Student Signature.)

	Name (please print)	B#	Meals Provided <i>OR</i> Dollar Amount Provided	Accounting	Student's Signature
1			B ____ L ____ D ____ Amount Received \$		
2			B ____ L ____ D ____ Amount Received \$		
3			B ____ L ____ D ____ Amount Received \$		
4			B ____ L ____ D ____ Amount Received \$		
5			B ____ L ____ D ____ Amount Received \$		
6			B ____ L ____ D ____ Amount Received \$		
7			B ____ L ____ D ____ Amount Received \$		
8			B ____ L ____ D ____ Amount Received \$		
9			B ____ L ____ D ____ Amount Received \$		
10			B ____ L ____ D ____ Amount Received \$		
11			B ____ L ____ D ____ Amount Received \$		
12			B ____ L ____ D ____ Amount Received \$		
13			B ____ L ____ D ____ Amount Received \$		
14			B ____ L ____ D ____ Amount Received \$		
15			B ____ L ____ D ____ Amount Received \$		
TOTAL:			B ____ L ____ D ____ Received \$		

If you have any cause for concern that the above has not been accurately reported, please contact the Accounting Office at 433-7047.