

St. Johns River Community College

Out-of-District Travel Authorization Request & Reimbursement

Name _____ **Employee#:** _____ **Employee**
Campus _____ **Department** _____ **Non-Emp**
Fund/Org # _____ **Extension:** _____
Meeting/Conf. _____ **Date** _____ **Time** _____ **AM** **PM**
Destination _____ **Depart:** _____
Return: _____

Direct Pay Airfare (Attach Documentation)
 Direct Pay Registration Fee (Attach Documentation)
 College Vehicle
 Statement of Benefit: Indicate the purpose of the travel and the benefit to the college from the trip:

TRAVEL COSTS	ESTIMATED COST	DIRECT PAYMENTS		AMOUNT	
		(Check or P-Card)	Amt Prepaid	Claimed	Acct Use Only
Airfare.....					
Rental Car, Taxi, Airport Shuttle.....					
Registration Fee.....					
Map Mileage (_ miles @ .445 per mile)					
Vicinity Miles (_ miles @ .445 per mile)					
Tolls/Parking (attach receipts if > \$15).....					
Phone (itemize receipts).....					
Other (specify)					
Meals (see meals calculator below).....					
PLUS					
Lodging.....					
OR					
Per Diem (\$80 per day).....					
Total Costs					
Accounting Use:					
Amount Due Traveler.....					

Signature of Traveler _____ **Date** _____
Supervisor Approval _____ **Date** _____
Budget Manager/Administrative Approval _____ **Date** _____

**TO BE COMPLETED AFTER TRAVEL

Attach agenda, registration receipt, hotel bill and all other required receipts
 Meals Calculator (Do NOT include meals included in registration fee) Check the appropriate day(s)

Breakfast _____ **Lunch** _____ **Dinner** _____
 \$6 S M T W T F S \$11 S M T W T F S \$19 S M T W T F S
 Before 6:00 am
 Before 12:00 pm
 After 8:00 pm

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.

SIGNATURE _____ **Date** _____
 (Traveler's Signature)
Supervisor's Signature _____ **Date** _____