

Grant Budget Approval	Date

ST PETERSBURG COLLEGE TRAVEL REIMBURSEMENT VOUCHER (TRV) FORM

TAR#	0
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Traveler's Information

Traveler's Name: _____	Employee ID No.: _____	TAR#: _____
Prepared By: _____	Phone/Ext No.: _____	Campus: _____
Destination: _____		
Departure From: _____	Date: _____	Time: _____
Return To: _____	Date: _____	Time: _____
Reimbursement Check should be mailed to: _____		

Expenses

Please attach supporting documents and original receipts for all expenses.

Per Diem: Number of Quarters: _____	x 20.00	\$ -
Conference/Registration Fees: _____		
Official Mileage (RT): _____	Vicinity Mileage: _____	Total: _____ 0
	x 0.445	\$ -
Lodging: (Please attach original receipt.) _____		
Meal Allowance <i>(No meals allowed on PCard)</i>		
Enter # of Meals: _____	Breakfast (\$6): _____	Lunch (\$11): _____
		Dinner (\$19): _____
		\$ -
Airfare: _____	Baggage Fees: _____	Personal Credit Card used for Airfare? <input type="checkbox"/>
		\$ -
Ground Transportation (shuttle, taxi, etc.): _____		
Parking: _____	Tolls: _____	\$ -
Vehicle Rental: _____	Fuel Charge: _____	\$ -
Miscellaneous: (please specify):		

Total Trip Cost:		\$ -

Less Travel Advances (Check box if PCard was used):		PCard?
Airfare: _____	Registration: _____	<input type="checkbox"/>
Airfare Payment Method?	Hotel: _____	<input type="checkbox"/>
<input type="checkbox"/> AAA <input type="checkbox"/> PCard		
Other: _____	Vehicle Rental: _____	<input type="checkbox"/>
Total Advances:		\$ -
Net Reimbursement Requested:		\$ -

Additional Comments:

If Reimbursement Request exceeds Travel Authorization Form total by 10% or more, Please provide explanation below:

Are you receiving anything of value (gift, loan, favor, reward, etc.) from any person or entity in conjunction with this travel? Yes No

IF YOUR ANSWER IS YES, PLEASE CONTACT GENERAL COUNSEL'S OFFICE FOR REVIEW. (FLORIDA STATUTE §112.313(2))

Certification, Budget, and Approvals

I hereby certify or affirm that the 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, any meals or lodging included in a conference or convention registration fee have been deducted from the travel claim, and that the claim is true and correct.

G/L Code	Fund-Department-Site	Grant ID	Amount
			\$ _____
			\$ _____

Traveler's Signature: _____	Date Signed: _____
Budget Supervisor Signature: _____	Date Signed: _____

For AP Travel Desk Use Only: Vendor #: TR _____ Voucher # _____ Entered On: _____ Entered By: _____