

# CENTRAL FLORIDA COMMUNITY COLLEGE

## TRAVEL APPROVAL AND REIMBURSEMENT REQUEST

**TRIP NUMBER**  
(To Be Assigned by Business Office)

NAME:		SOCIAL SECURITY #:	
DEPARTMENT:	BUDGET NUMBER:	GLC NUMBER:	<input type="checkbox"/> CHECK IF USING SPD FUNDS
DEPART FROM: <input type="checkbox"/> OCALA <input type="checkbox"/> OTHER AREA (SPECIFY)		CITY & STATE:	

PURPOSE: (ATTACH DOCUMENTATION)

<b>PLANNED TRIP</b>	DEPARTURE DATE:	TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	RETURN DATE:	TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	MILEAGE: OFFICIAL	PLUS VICINITY	=	0	TOTAL ESTIMATED MILES	
<b>ACTUAL TRIP</b>	DEPARTURE DATE:	TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	RETURN DATE:	TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	MILEAGE: OFFICIAL	PLUS VICINITY	=	0	TOTAL ACTUAL MILES	

	ESTIMATED COST OF TRIP	PREPAY/POSTPAY REQUEST	PO/CK/CC	ACTUAL COST OF TRIP	REIMBURSED AMOUNT TO TRAVELER
<input type="checkbox"/> SHARE TRANSPORTATION WITH: _____					
<input type="checkbox"/> STUDENT MEALS <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP* VID #: <sup>2</sup> _____					0.00
<input type="checkbox"/> COMMON CARRIER FARE <sup>1</sup> (PLANE, BUS, TRAIN): PAY TO: _____ <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP* VID #: <sup>2</sup> _____					0.00
<input type="checkbox"/> PERSONAL VEHICLE: EST. MILES      ACT. MILES @ .445 PER MILE	0.00			0.00	0.00
<input type="checkbox"/> COLLEGE CAR / VAN FUEL REIMBURSEMENT <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP*	0.00			0.00	0.00
<input type="checkbox"/> LEASE/RENTAL VEHICLE: <sup>1</sup> <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> VAN <input type="checkbox"/> CHARTER PAY TO: _____ <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP* VID #: <sup>2</sup> _____	0.00			0.00	0.00
<input type="checkbox"/> HOTEL: <sup>1</sup> EST. NIGHTS @ \$      ACT. NIGHTS @ \$ PAY TO: _____ _____ <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP* VID #: <sup>2</sup> _____	0.00			0.00	0.00
<input type="checkbox"/> REGISTRATION FEES: <sup>1</sup> PAY TO: _____ <input type="checkbox"/> MAIL CK <input type="checkbox"/> PICK-UP* VID #: <sup>2</sup> _____					0.00
<input type="checkbox"/> INCIDENTAL EXPENSES: <sup>1</sup> <input type="checkbox"/> TOLLS <input type="checkbox"/> PARKING <input type="checkbox"/> TAXI/SHUTTLE <input type="checkbox"/> OTHER					0.00
<input type="checkbox"/> MISCELLANEOUS ADJUSTMENT: ADD OR (SUBTRACT) AS NEEDED - ATTACH DETAILS					
<b>MEALS</b>	<b>ESTIMATED</b>			<b>ACTUAL</b>	
<input type="checkbox"/> BREAKFAST <sup>3</sup>	@ \$6.00      0.00			@ \$6.00      0.00	
<input type="checkbox"/> LUNCH <sup>3</sup>	@ \$11.00      0.00			@ \$11.00      0.00	
<input type="checkbox"/> DINNER <sup>3</sup>	@ \$19.00      0.00			@ \$19.00      0.00	
	<b>TOTAL ESTIMATED: \$0.00</b>			<b>TOTAL ACTUAL: \$0.00</b>	

**TOTAL TRAVEL COSTS BELOW:**

<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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**\*CHECK PICK-UP INFORMATION**

CONTACT NAME: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TRAVEL REQUEST AND APPROVAL SIGNATURES	DATE	REIMBURSEMENT REQUEST AND APPROVAL SIGNATURES	DATE
TRAVELER		TRAVELER <sup>4</sup>	
SUPERVISOR		SUPERVISOR	
VICE PRESIDENT		ADMINISTRATOR <sup>5</sup>	
<b>RETURN APPROVED FORM TO:</b>		BUSINESS OFFICE <sup>5</sup>	
<b>OTHER APPROVER (SPD)</b>		<b>AMOUNT AUTHORIZED:</b>	<b>SPD BUDGET #</b>

<sup>1</sup> Indicate amount and method of prepayment ("PO" for purchase order/"CK" for request for check /"CC" for credit card charge/"PC" for college credit card) and remit all invoices (originals) and/or other pertinent information. Please note: **ALL** applicable (original) receipts must be attached for reimbursement.

<sup>2</sup> Vendor Identification Number (VID) required for expeditious processing. If VID (Vendor's FEIN) is not available on Vendor Database, please provide vendor's telephone number.

<sup>3</sup> **For Overnight Trips Only:** Breakfast – must leave before 6 a.m. Lunch – must leave before noon and return after 2 p.m. Dinner – must leave before 6 p.m. and return after 8 p.m.

<sup>4</sup> Traveler's signature requesting reimbursement certifies that all expenses shown were incurred as necessary travel expenses in performance of official travel.

<sup>5</sup> Signature required only if actual expenses exceed estimated expenses by \$10 or more.

## GENERAL INSTRUCTIONS FOR COMPLETING TRAVEL FORM

The Travel Approval and Reimbursement Request form is accessible through CFCC's Intranet (see travel section of office reference handbook for specific instructions) and is designed to be completed electronically. Specific instructions for completing the form are provided below:

### TRAVELERS COMPLETING ON COMPUTER

The travel form incorporates check boxes, form fields and formulas for convenience. In addition, if a traveler needs fees to be paid in advance, this form, when completed correctly and accompanied by the appropriate "back-up" information, will also serve as a Request for Payment, making it unnecessary to provide additional forms for this purpose. The traveler fills in the necessary information by using the tab key to navigate between the sections. NOTE: Visible zeros (0, 0.00, \$0.00) within any section indicate the presence of a formula. These sections are inaccessible to the traveler. This form should be completed in the following two stages:

#### TRAVEL APPROVAL

In order to obtain travel approval, the traveler must first provide the information listed below. The check boxes of all applicable sections should be marked and specific information such as names, monetary amounts, and prepayment/postpayment information must be provided. NOTE: Do not be concerned if the results of the input are not visible upon entry. The form is designed to update the fields (show the amounts calculated by the formulas) upon printing. **IMPORTANT: THE "UPDATE FIELDS" OPTION MUST BE ENABLED UNDER PRINTER OPTIONS FOR THE FORM TO FUNCTION PROPERLY.**

- All general information at the top of the form (first four lines). **IMPORTANT:** Please check the box if SPD funds are requested;
- Departure/return information and mileage within "Planned Trip" section;
- Names of people sharing transportation, if applicable;
- Mode of travel: Common carrier, personal vehicle, college car, other college vehicle, or lease/rental vehicle. NOTE: If using a personal vehicle or any type of college vehicle, please key in the TOTAL mileage in the "Est. Miles" section only;
- Hotel information within "Est." section only, if applicable;
- Type (breakfast, lunch, dinner) and number of meals for which reimbursement will be requested (do not include meals that are part of registration fees) under "Estimated" section only. NOTE: *Reimbursement for meals is only available for a trip requiring an overnight stay;* and
- Registration fees and incidental expenses under "Estimated Cost" column only, if applicable;

Upon completion of the "approval" portions, the traveler should print out a hard copy, attach all necessary "back-up" information, and submit for signatures to the appropriate supervisor. If the approved travel form needs to be returned to someone other than the traveler, please identify that person in the space provided in the "Travel Request and Approval Signatures" block. The supervisor will then forward approved application, with all supporting documents attached, to the Business Office for processing. When the request has been approved, a trip number (indicating approval) will be assigned, and a copy of the request (with signatures) will be sent back to the traveler or designee. **Remember to save the travel request as an electronic document for later access.**

#### TRAVEL REIMBURSEMENT

To request reimbursement for travel expenses, the traveler should access the travel form that was previously saved and fill in all the "actual" expenses incurred on the trip. Upon the addition of this new information, the formulas within the form will, upon printing, automatically calculate the amount of reimbursement owed to the traveler. **Important: When completing the reimbursement portion of the form, fill in the trip number previously assigned by the Business Office to facilitate identification.**

**Miscellaneous adjustment line:** This line is available to ensure an accurate reimbursement total. To add an amount, fill in the figure as usual. To subtract an amount, the figure must be enclosed in parentheses. When using the miscellaneous adjustment line, please attach brief details of the circumstances leading to its use. For additional help with this line, press F1.

A signed and approved copy of the form, with all supporting documents attached, should be submitted to the Business Office. Once the travel request is finalized, one completed copy of the travel request (with signatures) will be returned to the traveler. All applicable (originals) receipts must be attached to receive reimbursement. (State auditors require that the Business Office be in possession of all proper receipts before payment is made.)

NOTE: The following items may not be claimed for reimbursement:

- Late registration charges – When it is evident that ample time was available to submit the regular registration fee and the delay was not caused by the Business Office, these charges are not reimbursable.
- Individual memberships – The College encourages participation in appropriate professional associations and individuals may represent the college through institutional memberships; however, any personnel wishing to obtain an individual membership must finance that membership themselves or request it through SPD funds with the recommendation of a vice president as appropriate.

PLEASE REFER TO COLLEGE POLICY MANUAL RULE 6-16, TRAVEL BY AUTHORIZED PERSONNEL, FOR ALL TRAVEL RULES.