

STAFF
INTER CAMPUS TRAVEL

EMPLOYEE NAME: _____ PID#: _____
PLEASE PRINT

Official Headquarters: _____

If travel is at the beginning or end of the day a trip cannot be claimed unless the mileage from home to the other campus is greater than the distance from home to the official headquarters. Your signature certifies that this is true if such travel is claimed.

DATE	PURPOSE	ONE or ROUNDTRIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Winter Haven to Lakeland

_____	Roundtrip at \$12.46 (28 miles x \$0.445) =	\$ _____
_____	One way at \$6.23 (14 miles x \$0.445) =	\$ _____

Winter Haven to Lake Wales

_____	Roundtrip at \$13.35 (30 miles x \$.445) =	\$ _____
_____	One way at \$6.67 (15 miles x \$.445) =	\$ _____

Lakeland to Lake Wales

_____	Roundtrip at \$21.36 (48 miles x \$.445) =	\$ _____
_____	One way at \$10.68 (24 miles x \$.445) =	\$ _____

Account # _____ -60501 / **TOTAL** \$ _____

I hereby certify that the travel shown above was necessary to perform official college business and is in accordance with college policy.

Employee Date

GENESIS DR NUMBER

Budget Head Date

DATE OF ENTRY

ENTERED BY: PLEASE PRINT