

POLK STATE COLLEGE

Travel Reimbursement Request

An approved leave request with expenses requested must be on file in the Business Office before reimbursement can be made for all out-of-county trips. List each day separately for out-of-county trips and list each trip separately for in-county trips. **Please complete this form in its entirety.**

Please Place an X in the box by the city and location if this is to be added to the standard mileage chart.

Distribution Location (Please check one) Winter Haven Lakeland U.S.MAIL

Name: Please Print				PID:					
Purpose of Travel:									
Class of Travel (A, B, or C)	DATE	CITY OR LOCATION	X	Hour of Departure/ Return AM/PM	Per Diem Amount IN \$	MEALS IN \$	NUMBER OF MILES	Mileage Amount \$	Other expenses (specify)
		FROM: TO: ADDRESS: CITY/ZIP							
		FROM: TO: ADDRESS: CITY/ZIP							
		FROM: TO: ADDRESS: CITY/ZIP							
		FROM: TO: ADDRESS: CITY/ZIP							
		FROM: TO: ADDRESS: CITY/ZIP							
TOTAL									
Cost Center/General Ledger Code:					Notes:				TOTAL TO BE PAID
<i>I hereby certify that the expenses shown above were necessary to perform official school business assigned to me, any meals provided are deducted from reimbursement expenses, and all expenses are in accordance with college policies.</i>									\$
Signature of Requesting Person;				D. R. ENTERED BY Please print name:					
Date:									
Signature of immediate supervisor.;				DISBURSEMENT REQUEST #:					
Date:									
Signature of Budget Authority:				Signature of Vice President For SPD Approval:					
Date:				Date:					
Comments:									