

TALLAHASSEE COMMUNITY COLLEGE

REQUEST FOR TRAVEL

(Submit to Business Office in duplicate)

Name: _____ SSN or Vendor No: _____

Destination: _____

Purpose: _____

City of Departure: Tallahassee Time: _____ pm Date of Departure: _____

City of Return: Tallahassee Time: _____ pm Date of Return: _____

List other passengers: _____

Comments: _____

Personal Car..... Yes _____ No _____
Rental Car..... Yes _____ No _____
Common Carrier... Yes _____ No _____
Registration Fee.... Yes _____ No _____
Prepay Reg. Fee.... Yes _____ No _____
Ride with others.... Yes _____ No _____

_____ Official Miles @ .29 per mile\$ _____
_____ Days @ \$24.18 per day\$ _____
Ticket Cost\$ _____
Registration Cost\$ _____

Completed Registration Form Must Be Attached.

YOU HAVE THE OPTION OF CHOOSING EITHER:

Actual Cost: Actual hotel cost and the state meal allowance:

or

Per Diem: \$12.50 per quarter including hotel cost and meals:

Total Room Cost.....\$ _____

Total Meal Cost.....\$ _____

No. quarters _____ @ \$12.50.....\$ _____

Tolls/Parking.....\$ _____

Other Costs\$ _____

Estimated Total Cost.....\$ _____

I ACKNOWLEDGE THAT ALL APPROPRIATE INFORMATION IS COMPLETE INCLUDING ATTACHMENTS.

Signature of Traveler

Date

Budget/Account Number to Charge

Approval of Cost Center Administrator
Or President (If Applicable)

Approval of Appropriate Vice President

ACCOUNTING USE ONLY: T _____

SEND ORIGINAL AND ONE COPY TO BUSINESS OFFICE. A COPY OF REIMBURSEMENT WILL BE SENT BACK WITH CHECK.