

STUDENT POST-TRAVEL TRIP REPORT

Travel Advisor: (PRINT FIRST & LAST NAME) _____ SF ID #: _____

Club/Group/Team Name: _____ Destination: (CITY & STATE) _____

of Students Attending: _____ # of Advisors/Coaches Attending: _____

Purpose of Travel: _____

Time of Departure: _____ AM or PM (Circle One) Date of Departure (mm/dd/yy): _____

Time of Return: _____ AM or PM (Circle One) Date of Return (mm/dd/yy): _____

EXPENSES: (Original *ITEMIZED* receipts or documentation required for all expenses listed)

Meals.....\$ _____ (Meal Allotment form required)
 Lodging.....\$ _____
 Registration/Entry Fees.....\$ _____
 Transportation.....\$ _____ (Rental Vehicle, Charter Bus, Airfare)
 Tolls/Parking Fees/Gasoline.....\$ _____
 Miscellaneous.....\$ _____

TOTAL TRIP EXPENSES:.....\$ _____

Less Amount(s) Advanced.....\$(_____) Check # _____
 \$(_____) Check # _____
 \$(_____) Check # _____

Unused Meal Advance Monies Returned.....\$ _____ (Provide receipt from Cashier's Office)

AMOUNT DUE ADVISOR(S)/COACH(ES):.....\$ _____

Names of ALL passengers required (unless a Meal Allotment form is attached)

Student Life Business Office Use Only:

 Business Office Specialist Signature

By signing below I hereby affirm the travel expenses claimed are true and correct in every material matter; expenses were incurred as necessary travel expenses in the performance of official duties and are consistent with the requirements of Section 112.061 of the Florida Statutes.

Requestor's Signature _____ Date _____ Budgetary Authority Signature _____ Date _____

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