

# FRANCIS MARION UNIVERSITY

## TRAVEL REQUEST

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Place to be visited \_\_\_\_\_

Budget Acct. No. \_\_\_\_\_

Date departure \_\_\_\_\_

Date return \_\_\_\_\_

Project No. \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Method of travel:  Personal Vehicle  Plane  Other \_\_\_\_\_  
 University Vehicle Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_ Return: Date \_\_\_\_\_ Time \_\_\_\_\_

If travel is by VEHICLE, list passengers \_\_\_\_\_

Funds requested and allowed:

To be paid to vendor by <b>Accounting Office</b>	<b>To be reimbursed to traveler</b>
Registration Fee _____	Mileage _____
Airfare _____	Lodging _____
Vehicle Rental _____	Meals _____
(Requires Advance Authorization)	Airfare _____
	Other _____
Total _____	Total _____

Signature \_\_\_\_\_

APPROVED: \_\_\_\_\_

Dean/Department Head \_\_\_\_\_

President or Vice President \_\_\_\_\_

REIMBURSEMENT REQUEST [Submit within seven (7) days after return to campus]											
Date	DEPARTURE		ARRIVAL		MEALS				LODGING	AUTO	
	Time	City	Time	City	Breakfast	Lunch	Dinner	Total		Miles	Amount
TOTAL											

**CHECKLIST:**

- Social Security Number
- Budget Account Number
- Project Number
- Signature
- Check totals
- Attach receipts for every reimbursement request except meals and taxi (canceled checks and credit card invoices are not valid receipts)

**OTHER REIMBURSABLE TRAVEL CHARGES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REIMBURSEMENT PAYMENT:**

- Mail to campus address \_\_\_\_\_
- Mail to home address \_\_\_\_\_

TOTAL OTHER	
TOTAL REIMBURSEMENT REQUEST	

APPROVED: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean/Department Head \_\_\_\_\_

I HEREBY CERTIFY OR AFFIRM THAT THE ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TRAVEL EXPENSES IN THE PERFORMANCE OF MY OFFICIAL DUTIES FOR FRANCIS MARION UNIVERSITY ON BEHALF OF THE STATE OF SOUTH CAROLINA.

President or Vice President \_\_\_\_\_