FRANCIS MARION UNIVERSITY

TRAVEL REQUEST

							L	Date					
Name	Socia	Social Security No											
Place to be visited						Budget Acct. No							
Date departure		Date return											
Purpose of trip)												
Method of trav	rel:	Personal Vehicle	Pla	ane Oth	er								
	e				Return:	Date		Гіте					
If travel is by V	'EHICLE, lis	st passengers											
Funds request To be paid by Accoun Registratio Airfare	to vendor ting Office	wed:	Mileage Lodging	bursed to travele	e r	Signature APPROVED: Dean/Department Head President or Vice President							
Vehicle Re (Requires Authorizati	Advance		Meals Airfare Other										
Total			Total										
	REI	MBURSEMEN'	T REQUE	ST [Submit v	vithin sev	en (7) da	avs afte	r return	to campu	 s1		}	
DEPARTURE				RRIVAL		MEALS					AUTO		
Date	Time	City	Time	City	Breakfast	Lunch	Dinner	Total	LODGING	Miles	Amount		
0.15014.105							TOTAL						
☐ Bud ☐ Sign	al Security get Accoun ature ck totals		OTHER REIMBURSABLE TRAVEL CHARGES:										
Atta	ch receipts	for every reimburs (canceled checks a ceipts)											
REIMBURSEN Mail Mail		TOTAL OTHER											
								TOTAL RE	EIMBURSEM	ENT REQU	JEST		
0						APPRO	OVED:						
Signature	DTIEV OP	AFFIRM THAT TH	Da E ABOVE E										
WERE ACTUAL EXPENSES IN FOR FRANCIS OF SOUTH CA	Y TRAVEL L DUTIES	Dean/Department Head											
	ing this fo	rm, make four cop	pies and se	nd to the followi	ng departme	ents:	President (or Vice Pre	esident				

Original - Accounting Office (Submit after reimbursement request is completed)