

## STUDENT TRAVEL TRIP REPORT

Travel Request #		
Name of Group or Class:		# of Students Attending
Destination:		
Time/Date of Departure:	AM / PM	on, 20 month/date year
Time/Date of Return:	AM / PM	on, 20 month/date year
EXPENSES:		
Meals (Meal Allotment Form required)	: <u>\$</u>	_
Lodging (Receipts required):	<u>\$</u>	_
Fees/Registration (Receipts required):	<u>\$</u>	_
Transportation (Receipts required):	<u>\$</u>	_ (Rental, Charter Bus, or Airfare)
Miscellaneous (Receipts required):	\$	(Tolls, Parking, etc.)
*TOTAL TRIP EXPENSES:	<u>\$</u>	_
Less Amount(s) Advanced:	<u>\$(</u>	) Check #
	<u>\$(</u>	) Check #
	<u>\$(</u>	) Check #
BALANCE DUE TRAVELER:	\$	<u>OR</u>
UNUSED ADVANCE RETURNED:	<u>\$</u>	(Provide documentation: Cashier's receipt)
Names of Passengers Required:		
		<del></del>
*Provide original receipts/documentation for all expen	nses listed.	
		ial matter; that expenses were actually incurred by the undersigned as necessary travel at the requirements of Section 112.061 of the Florida Statues."
Requestor's Signature Date	Budget Si	gnature Authority Date

Last Reviewed: 08/18/10 DLH