

# FRANCIS MARION UNIVERSITY

## TRAVEL REQUEST

Date \_\_\_\_\_

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

Place to be visited \_\_\_\_\_ Budget Acct. No. \_\_\_\_\_

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

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

**CHECKLIST:**

- Social Security Number
- Budget Account 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

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

APPROVED: \_\_\_\_\_  
 Dean/Department Head \_\_\_\_\_  
 President or Vice President \_\_\_\_\_

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.

**After completing this form, make four copies and send to the following departments:**  
 Original - Accounting Office (Submit after reimbursement request is completed)     
 Copy 1 - Traveler     
 Copy 2 - Dean/Department Head Vice President     
 Copy 3 - Physical Plant     
 Copy 4 - Accounting Office (For advance registration fees and/or airline tickets)