



# Travel Reimbursement Request Form

Procurement Services – Modular II  
Office of the Controller

10501 FGCU Boulevard South  
Fort Myers, FL 33965

Phone: (239) 590-1130  
Fax: (239) 590-1140

① TAR #: \_\_\_\_\_ ② University ID #: \_\_\_\_\_ ③ Department: \_\_\_\_\_  
④ Name: \_\_\_\_\_ ⑤ Telephone: \_\_\_\_\_ ⑥ Index/Fund/ORG: \_\_\_\_\_

⑦ Date	⑧ Travel Starting Point to Destination ⑮ P-Card Expenses	⑨ Name of Conference	⑩ Departure or Return Time	⑪ Per Diem	⑪ Meals	⑫ Map Mileage Claimed	⑬ Vicinity Mileage Claimed	⑭ Other Expenses	
								Amount	Type

I understand that I am entitled to the full meal allowance or per diem pursuant to Florida Statute 112.061(6) but am claiming a lesser amount. Traveler please initial: \_\_\_\_\_

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes.  Traveler's Signature: _____ Traveler's Title: _____ Date: _____	<b>Mileage Total (\$0.445 per mile):</b>				<b>Summary Total</b>
	<b>Totals:</b>				
	<b>Less Travel Advance:</b>				
	<b>Net Amount Due to Traveler:</b>				

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was for official business of Florida Gulf Coast University and was performed for the purpose(s) stated above.

Supervisor's Signature: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Travel Expenses Paid by FGCU

Note: A Detailed Receipt **MUST** be turned in for all expenses to be reimbursed.

Date	Document Number	Vendor	Check Date	Amount	Initials