STUDENT GROUP TRAVEL ADVANCED CHECK REPORT

Traveler's Name _____ **PO#** _____ **Check#** _____

Departure Date: _____ **Departure Time:** _____

Return Date: _____ **Return Time:** _____

Destination of Travel: _____

Purpose of Travel: _____

FORM MUST BE SUBMITTED TO THE FINANCE AND BUDGET OFFICE AFTER EACH TRIP		Enter the total allowance for each meal for each student			
STUDENT'S NAME	**SIGNATURE**	**BREAKFAST**	**LUNCH**	**DINNER**	**TOTAL**

Total Meals: _____

Misc. Expenses - please list all misc expenses and attach original receipts

Expense	Amount

Total Misc: _____

Total Expenses _____

Advanced Check Amount _____

Cash owed to/returned by traveler _____

Certification of Traveler:

I hereby certify or affirm that this travel claim is true in every material matter that the expenses were incurred as necessary travel expenses in the performance of official duties and the same conforms in every aspect with the requirements of Section 112.061 of the Florida Statutes.

Traveler's Signature: _____ Date: _____