

# FOREIGN TRAVEL

*ST. PETERSBURG COLLEGE*  
**FOREIGN AND NON-CONTIGUOUS UNITED STATES  
 TRAVEL REIMBURSEMENT VOUCHER (FRV)**

**SECTION I – FOREIGN TRAVEL**

I hereby certify or affirm that the 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; 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; was for the purpose and benefit as described in my Foreign Travel Authorization Request (FAR), and same conforms in every respect with the requirements of [Section 112.061](#), Florida Statutes.

1.	CONVENTION / CONFERENCE / MEETING NAME		6.	COLLEGE VEHICLE OR RENTAL CAR	\$
2.	MEETING LOCATION			LIST PASSENGERS OR DRIVER OTHER THAN SELF:	
3.	TRAVEL BEGIN DATE & TIME				
	TRAVEL END DATE & TIME				
4.	LODGING OR PER DIEM (PER DIEM RATES & ACTUAL EXPENSE METHODS OF REIMBURSEMENT MAY NOT BE CLAIMED FOR THE SAME TRAVEL DAY):		7.	PERSONAL CAR: # OF MILES _____ @ \$ _____ PER MILE	\$
	LODGING # OF DAYS _____ @ \$ _____ PER DAY	\$	8.	AIRFARE	\$
	PER DIEM # OF DAYS _____ @ \$ _____ PER DAY	\$	9.	TOLL, LIMOUSINE, PARKING, INTERNET CHARGES, ETC.	\$
5.	SUBSISTENCE (MEALS) IN LIEU OF PER DIEM:		10.	REGISTRATION FEE	\$
	# OF BREAKFASTS _____ @ _____ PER DAY = \$ _____		11.	<b>TOTAL COST OF TRAVEL TO COLLEGE</b>	\$
	# OF LUNCHES _____ @ _____ PER DAY = \$ _____		12.	LESS AIR FARE	
	# OF DINNERS _____ @ _____ PER DAY = \$ _____		13.	LESS REGISTRATION FEE ADVANCED	
	TOTAL SUBSISTENCE	\$ _____	14.	LESS OTHER ADVANCE (SPECIFY):	
15.	<b>NET REIMBURSEMENT TO TRAVELER</b>				\$

16. \* Are you receiving anything of value (gift, loan, favor, reward, etc.) from any person or entity in conjunction with this FRV?  Yes  No  
**If your answer is YES, please contact College Attorney's Office for review. (Florida Statute §112.313(2)).**
17. \* For Grant or Contract Restricted Fund travel, reimbursements must be approved by the appropriate Grant Accountant/Facilities Accountant.

**SECTION II – MILEAGE**

18. \* Mileage log attached  Yes  No

DESCRIPTION OF TRAVEL							
19. DATE	20. STARTING POINT	21. DESTINATION	22. RETURNING POINT	23. MILEAGE	24. VICINITY MILEAGE	25. PURPOSE	A/P TRAVEL DESK USE ONLY PLEASE
							Vendor # TR
							Voucher # TR
							Entered On
							Entered By

**SECTION III – FUNDING**

26. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
G/L ACCOUNT (6) / FUND (2) / DEPTID (8) / PROGRAM/SITE (5) / PROJECT (15) / GRANT (10)  
**COST CENTER**

27. \_\_\_\_\_ 28. \_\_\_\_\_ 29. \_\_\_\_\_ 30. \_\_\_\_\_  
*Traveler Name (printed) Phone Traveler Signature Date*

31. \_\_\_\_\_ 32. \_\_\_\_\_ 33. \_\_\_\_\_ 34. \_\_\_\_\_ 35. \_\_\_\_\_  
*Employee ID/Social Security Number Date Prepared Send Check to Department Name Campus*

Pursuant to Section 112.-61 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business for St. Petersburg College and was performed for the purpose(s) stated above.

36. Approved: \_\_\_\_\_  
*Grant Accountant /Facilities Accountant Date*

37. Approved: \_\_\_\_\_  
*Budget Supervisor Date*

**Questions? Call Wyatt Styrzo at 341-3225  
 Or <mailto:wyatt.styrzo@stps.edu>**  
 New Form 06/21/06