

FLORIDA A&M UNIVERSITY

OFFICE OF THE CONTROLLER
TALLAHASSEE, FL. 32307
850-561-2978

APPLICATION FOR ADVANCE ON TRAVEL EXPENSES

Payee: _____ Social Security #: _____
Headquarter: Orlando Department: College of Law
Travel Period from: _____ through _____ Destination: _____
Purpose of Travel: _____

Justification: _____

Estimated Cost of Travel: (meals + 1 day per diem)

_____ x ___ per day	_____ x ___ per day
_____ x ___ per day	_____ x ___ per day
	= \$ _____

*Transportation \$ _____

Incidental Expenses:

Type: _____ \$ _____

Type: _____ \$ _____

Total Incidental Expenses \$ _____

Total Estimated Expenses \$ _____ x 80%

Advance Travel Allowed \$ _____

*If the per day allowance exceeds \$50, an explanation must be furnished.

NOTE: Estimated expenditures billed directly to the State shall not be included in the travel advance calculation. This includes charges paid with the State of Florida Purchasing Card, as well as agency issued credit cards such as American Express and Diners Club.

I hereby certify that the above estimated expenses are anticipated to be Incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention directly relates to the official duties of the agency, and any meals or lodging included in the registration fee have been deducted from this travel advance request. **I will submit my reimbursement voucher to the Controller Office within 10 working days after completing the travel. If the travel advance exceeds actual travel expense incurred, I will refund to the University the remaining unexpended funds within ten (10) workdays of returning to headquarters. I understand that the University has the option of deducting the entire amount of the advance from my payroll, if my reimbursement voucher is not submitted within 30 calendar days. I also understand, that if I have not settled within the 10 day period I will no longer be eligible for travel advances.** Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above anticipated travel will be on official business of the Florida A & M University.

Travelers Signature

Title

Date

Supervisor Signature

Title

Date

NOTE: In order to ensure that payment is received prior to commencement of travel, please submit the completed Form to the Controller's Office **10 days in advance** for departure date.

**TRAVEL ADVANCE CALCULATORS
FOR OUT-OF-POCKET EXPENSES**

TRAVELER'S NAME

EMPLOYEE NUMBER

DESTINATION : _____

DEPARTURE DATE : _____

TIME: _____

RETURN DATE : _____

TIME: _____

CALCULATIONS OF OUT-OF-POCKET EXPENSES

DATES	MEALS OR PER DIEM	HOTEL	MILEAGE	RENTAL CAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTALS:

Per Diem/Meals \$ _____

Hotel \$ _____

Mileage \$ _____

Rental Car \$ _____

Total Estimated \$ _____

ADVANCE AMOUNT \$ _____

TRAVEL ADVANCES MUST BE CLEARED WITHIN 10 DAYS UPON RETURN