EXHIBIT 4

SEMINOLE COMMUNITY COLLEGE
DAILY TRAVEL REIMBURSEMENT

Name: _____ **Employee ID# :** _____ **PO#** _____

Department Name: _____ **Department Number** _____ **Ext No.** _____

Day	Date	Depart Time	Origin/Destination	Address	Purpose	Miles	Tolls	Parking
						0.00	$0.00	$0.00
						Column Totals		

Certification of Traveler:

I hereby certify or affirm that this travel claim is true and correct in every material matter. The expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties

Traveler's Signature: _____ Date _____

Fund-Program-Dept-Class-Account

Budget Center Number _____ Amount _____

Budget Center Number _____ Amount _____

Budget Center Number _____ Amount _____

Approval Signature: _____ Date _____
Budget Manager or Next Level Supervisor

Total Number of Miles : 0.00

Mileage Rate : 0.445

Total Mileage : -

Total Tolls: 0.00

Total Parking: 0.00

Total Reimbursement: -

Office of Finance and Budget:

Audited By: _____ Date _____ Amount _____

EXHIBIT 4A

SEMINOLE COMMUNITY COLLEGE
DAILY TRAVEL REIMBURSEMENT

Name: _____ **Employee ID# :** _____ **PO#** _____

Department Name: _____ **Department Number** _____ **Ext No.** _____

Day	Date	Depart Time	Origin/Destination	Address	Purpose	Miles	Tolls	Parking
						0.00	$0.00	$0.00
						Column Totals		

EXHIBIT 4A

SEMINOLE COMMUNITY COLLEGE
DAILY TRAVEL REIMBURSEMENT

Name: _____ **Employee ID# :** _____ **PO#** _____

Department Name: _____ **Department Number** _____ **Ext No.** _____

Day	Date	Depart Time	Origin/Destination	Address	Purpose	Miles	Tolls	Parking
						0.00	$0.00	$0.00
						Column Totals		

EXHIBIT 4A

SEMINOLE COMMUNITY COLLEGE
DAILY TRAVEL REIMBURSEMENT

Name: _____ **Employee ID# :** _____ **PO#** _____

Department Name: _____ **Department Number** _____ **Ext No.** _____

Day	Date	Depart Time	Origin/Destination	Address	Purpose	Miles	Tolls	Parking
						0.00	$0.00	$0.00
						Column Totals		

EXHIBIT 4A

SEMINOLE COMMUNITY COLLEGE
DAILY TRAVEL REIMBURSEMENT

Name: _____ **Employee ID# :** _____ **PO#** _____

Department Name: _____ **Department Number** _____ **Ext No.** _____

Day	Date	Depart Time	Origin/Destination	Address	Purpose	Miles	Tolls	Parking
						0.00	$0.00	$0.00
						Column Totals		