

**SEMINOLE COMMUNITY COLLEGE
TRAVEL PAYMENT REQUEST FORM**

Vendor ID Number _____ Date _____
 Vendor Name _____
 Remittance Address _____

 Prepared By _____
 Extension# _____

Name(s) of Traveler(s)	Employee ID	PO#'s	Amount

TOTAL CHECK AMOUNT: \$ _____ -

Attach supporting documentation (i.e completed registration form)

Check Mailing Instructions:
 Mail check to vendor (yes/no) _____

If no, please send check to:
 Employee Name _____ Dept Name _____

Approval Signature _____
 Budget Manager or Next Level Supervisor

Date _____

Audited By: _____

Date: _____