

SEMINOLE COMMUNITY COLLEGE TRAVEL AUTHORIZATION FORM

EXHIBIT 1

Section I

Today's Date: _____ Prepared By: _____ Extension _____

Traveler's Name _____ Employee ID No. _____

Dept Name _____ Dept No. _____

Destination _____

Dates of Travel _____ to _____

Purpose of Travel _____

Benefits to College _____

Section II

For Daily Repetitive travel, fill in " Mileage" only.

Estimated Expenses:	Amount	SPD:
Per Diem	_____	Is the traveler requesting SPD funding?
Registration	_____	Yes _____ No _____
Airfare	_____	Amount _____
Lodging	_____	
Car Rental (ACTO Y/N) _____	_____	FT Employee _____
Meals	_____	PT Employee _____
Mileage	_____	
Miscellaneous Expenses	_____	
Total Estimated Expenses	<u>_____</u> <u>\$0.00</u>	

Section III

	Fund-Program-Dept-Class-Account		Amount
Budget Center Number	_____	_____	_____
Budget Center Number	_____	_____	_____
Budget Center Number	_____	_____	_____

Budget Manager's Signature _____	Date _____	_____
Budget Manager's Signature _____	Date _____	_____
Budget Manager's Signature _____	Date _____	_____

Supervisor's Signature _____	Date _____	_____
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Section IV

Certification of Traveler:

I hereby certify or affirm that this travel is to be incurred as necessary travel expenses in connection with the performance of the undersigned's official duties and the same conforms in every aspect with the requirements of Section 112.061 of the Florida Statutes.

Traveler's Signature: _____ Date _____