Exhibit 3

SEMINOLE COMMUNITY COLLEGE
TRAVEL REIMBURSEMENT REQUEST

Traveler's Name			PO#		
Prepared By			Phone/Ext No.		
Destination					
Departure From		Date:		Time	
Return To		Date:		Time	

Please attach supporting documents and original receipts for all expenses

Expenses:

Official Mileage (RT)		Vicinity Mileage		=	0	x 0.445		$0.00
Per Diem								
Registration		Ground Transportation						
Airfare		Parking						
Lodging		Tolls						
Vehicle Rental		Meal Allowance:	# of Meals					
Fuel		Breakfast	$6				$	-
Misc (specify):		Lunch	$11				$	-
		Dinner	$19				$	-
						Total		$0.00

If Reimbursement Request exceeds Travel Authorization Form total by 10% or more, Budget Manager must sign below

Budget Manager		Date	

Certification of Traveler:

I hereby certify or affirm that this travel claim is true in every material matter that the expenses were incurred by the undersigned as necessary travel expenses in the performance of Official duties and the same conforms in every aspect with the requirements of Section 112.061 of the Florida Statutes.

Traveler's Signature: Date

Finance Section use Only

Travel Section			SPD Section	
Mileage			Approved SPD	$ -
Per Diem				
Registration			Travel Reimbursement Request	
Airfare			Travel Advance Payment	
Lodging			Total Trip Cost	$ -
Meal Allowance			SPD Share	
Parking				
Tolls			Reclass to Cost Center #	
Ground Transportation				
Car Rental/Fuel			Journal Voucher #	
Misc: Specify				
			SPD Representative	
Total Reimbursement	$ -		Date	
Audited By			SPD Administrator	
Date				
Date sent to SPD			Date	