

VALENCIA COLLEGE
PER DIEM FOR INTERNATIONAL TRAVEL

NAME:

VID #:

MC:

CITIES/COUNTRIES VISITED:

REASON FOR TRAVEL/COURSE PREFIX AND TITLE:

FLIGHT DATE AND TIME: Departure:

Return:

PROGRAM DATE AND TIME: Begin:

End:

Please initial:

____ I have included receipts for all expenses itemized below with this form (program provider invoice, airline invoice, hotel invoice, etc.).

____ I hereby certify that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; that no other reimbursement has or is to be received from any other source and that same conforms with the requirements of Section 112.061, Florida Statutes.

I. HOTEL/ACCOMM: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK ☐ IN PROGRAM FEE ☐ N/A Total \$ to Traveler

A. City 1:	Room Rate: \$ _____	# Nights: _____	Misc. (Internet, etc.): \$ _____	\$ _____	\$ _____
B. City 2:	Room Rate: \$ _____	# Nights: _____	Misc. (Internet, etc.): \$ _____	\$ _____	\$ _____
C. City 3:	Room Rate: \$ _____	# Nights: _____	Misc. (Internet, etc.): \$ _____	\$ _____	\$ _____
D. City 4:	Room Rate: \$ _____	# Nights: _____	Misc. (Internet, etc.): \$ _____	\$ _____	\$ _____

II. MEALS: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK ☐ IN PROGRAM FEE ☐ N/A

A. MEALS CITY 1:	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____	\$ _____	\$ _____
B. MEALS CITY 2:	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____	\$ _____	\$ _____
C. MEALS CITY 3:	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____	\$ _____	\$ _____
D. MEALS CITY 4:	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____	\$ _____	\$ _____

III. AIR/GROUND TRANSPORTATION: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK ☐ IN PROGRAM FEE ☐ N/A

TRAVEL BY: ☒ Airplane ☐ Bus/Van ☐ Taxi ☐ Ferry/Boat \$ _____ \$ _____

Comments:

IV. PROGRAM REGISTRATION FEE: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK ☐ N/A \$ _____ \$ _____

NUMBER OF PARTICIPANTS: _____ PER PERSON PROGRAM FEE: \$ _____

Comments:

V. ADD'L PROGRAM FEES: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK ☐ N/A \$ _____ \$ _____

Comments:

VI. MEDICAL/TRIP INSURANCE: ☐ OWED TO TRAVELER ☐ PAID BY P-CARD # _____ ☐ PAID BY CHECK \$ _____ \$ _____

☐ IN PROGRAM FEE ☐ N/A

VII. MISCELLANEOUS. (List all other expenses and amounts): \$ _____ \$ _____

LESS ADVANCE PAYMENT TO TRAVELER: \$ _____

BALANCE DUE / (OWED BY) TRAVELER: Business Office Receipt #: _____ \$ _____

Enter the budget names, numbers, amounts due to the traveler (ONLY), and budget manager names.

BUDGET TO CHARGE	INDEX	ACCOUNT	\$ AMOUNT	BUDGET MANAGER SIGNATURE	BUDGET MANAGER NAME

GRAND TOTAL AMOUNT: \$ _____

Traveler's Signature _____

Print Name _____ Date _____

Approved by Supervisor _____

Print Name _____ Date _____

*Payment will be made upon submission of a Per Diem Voucher following the trip with all receipts attached.

**Traveler's signature indicates that he/she is aware of the travel policies of Valencia College and understands that authorization is granted subject to conformity with said policies.

Submit the form to Accounts Payable DTC-3