

RECRUITMENT REIMBURSEMENT REQUEST FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE

PART I - (To be completed by interviewing administrator)

Applicant's Name _____ Please Print

Applicant's Mailing Address _____

FCCJ Position Title _____

PART II - (To be completed by applicant) Original receipts must be attached

Departure Date _____ Departure Time* _____ Return Date _____ Return Time* _____

*If traveling by airline, allow two (2) hours prior to departure and two (2) hours on the backend of the return time
(example: plane departs 7:00am, departure time should be 5:00am. Plane returns 8:00pm, return time should be 10:00pm)

DATE	MEALS - MAXIMUM \$36.00 PER DAY EFFECTIVE 7/1/06 BASED ON TIME OF DEPARTURES	AIRLINE TICKET (RECEIPT AND ITINERARY REQUIRED)	MILEAGE 44.5 CENTS PER MILE EFFECTIVE 7/1/06	INCIDENTAL EXPENSES AMOUNT (hotel, car rental, etc.)	INCIDENTAL EXPENSES TYPE	NOTES
					Hotel	
					Car Rental	
					Parking	
					Taxi	
					Other	
					GRAND TOTAL	
TOTALS	\$	\$	\$	\$	\$	

I hereby certify or affirm that this travel claim is true and correct in every material matter, that the expenses were actually incurred by the undersigned and that same conforms in every respect with the policies of Florida Community College at Jacksonville and Florida Statutes 112.061.

Applicant's Signature _____ Social Security Number _____

Interviewing Administrator's Signature _____ Date _____

Part III - (To be completed by the Budget Office)

Budget Office _____ Date _____

Budget Number (163270/60508)