

**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 _____ |
| Approved by Campus/Vice Pres. _____ | 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 DO-330