



Tallahassee, Florida 32306-4330
Department of Statistics and
Statistical Consulting Center
(850) 644-3218

Approval Date: _____

REQUEST FOR TRAVEL PAPERS

Name: _____

From Which Budget(s) Will Your Travel be Paid? _____

Signature and Date: _____

Traveling From: _____ Traveling To: _____

Date & Time Leaving Tallahassee: _____

Date & Time Returning to Tallahassee: _____

Purpose of Trip: _____

How Will your Classes be Covered While You are Gone? _____

Benefit to the State: _____

Others Going with You: _____

Include Your Estimates Below For the Items You Wish to be Reimbursed:

Do You Want to Be Reimbursed For Meals? Yes Or No

Meals will only be paid at rate of \$6 for breakfast, \$11 for lunch and \$19 for dinner.
If a registration fee is paid and includes a meal, we cannot reimburse you for the meal.

Hotel/Lodging: _____

Airfare (List/Name Airline): _____

ENTERPRISE Car Rental: _____ (Must use ENTERPRISE– use
the State of Florida Enterprise/National contract, when reserving vehicles. Contract Number
XZ55622 (Effective 9/30/2015 – 9/29/2020). Phone: 877-690-0064

Mileage (Car): miles @ \$0.445/ Mile: \$ _____

Incidental Expenses (Such as Registration, Parking, Tolls, Taxi's): _____

If you want to be reimbursed for a registration fee, you will need to provide a copy of the
program/agenda.

Name of Hotel & Phone Number for Emergencies: _____

For meal reimbursement, travel must begin before 6 AM and extend past 8 AM for breakfast. Must be before 12 PM and go past 2 PM for lunch. Must be before 6 PM and go past 8 PM for dinner.