

RECRUITMENT REIMBURSEMENT REQUEST

PART I - (To be completed by hiring administrator)

Applicant's Name _____

Applicant's Mailing Address _____

FSCJ Position Title _____

Position Number: _____

Campus: _____

Date of Interview _____

Employee Classification _____

Pay-grade _____

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 after 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 BASED ON TIME OF DEPARTURES	AIRLINE TICKET (RECEIPT AND ITINERARY REQUIRED)	MILEAGE 44.5 CENTS PER MILE	INCIDENTAL EXPENSES AMOUNT	INCIDENTAL EXPENSES TYPE	COMMENTS
					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 and conforms in every respect with the policies of Florida State College at Jacksonville & Florida Statutes 112.061.

Applicant's Signature _____ Date _____

Hiring Administrator - Print Name & Sign _____ Date _____

Appropriate Cabinet - Print Name & Sign _____ Date _____

Part III - (To be completed by the Financial Services)

Print Name and Sign _____ Date _____

Budget Number: **Fund:** _____ **Org:** _____ **Dept:** _____ **Acct:** 6050800 **Project:** _____ **Bud Ref:** _____