

DETAILED TRIP INFORMATION

General Show/Event Information									
NAME OF SHOW/EVENT/CONFERENCE/OTHER TRAVEL:									
LOCATION:									
Begin Date:									
End Date:									
Employee Name:									
Partnership Names (if applicable):									
Co-Op Fee per Partner (if applicable):									
Explanation for Attendance:									
Goals for Event Attendance:									
Number of Appointments Scheduled (if applicable):									
Show Attendance (if applicable):									
LODGING INFORMATION									
Hotel Name :									
DATE:	0-Jan	1-Jan	2-Jan	3-Jan	4-Jan				
EXPENSES- Transportation	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Airfare:							\$ -	\$ -	
Insurance on airfare:							\$ -	\$ -	
Mileage- As detailed from Mileage Reimb Form	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	
Car Rental Fees:							\$ -	\$ -	
Shuttle Transportation:							\$ -	\$ -	
Taxi Fares:							\$ -	\$ -	
Other- Provide Detail in Notes (baggage, tips, etc.)							\$ -	\$ -	
Total Transportation Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
EXPENSES- Lodging	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Room Rate Per Night (tax & resort fees included)							\$ -	\$ -	
Misc Hotel Costs (detail under notes)							\$ -	\$ -	
Total Lodging Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
EXPENSES- Meals*	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Breakfast (6 am - 8 am)							\$ -	\$ -	*Provide a copy of GSA print out with per diem for location.
Lunch (12 pm - 2 pm)							\$ -	\$ -	
Dinner (6 pm - 8 pm)							\$ -	\$ -	
Incidentals							\$ -	\$ -	
Entertainment Meals (receipt must be included)							\$ -	\$ -	*May not have reimbursement per GSA for these meals.
Total Cost of Meals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	*Based on GSA rates for destination traveled to.
EXPENSES- Incidental Travel Expenses	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Parking Fees:							\$ -	\$ -	
Storage Fees:							\$ -	\$ -	
Communications Expenses:							\$ -	\$ -	
Tolls and Ferry Expenses:							\$ -	\$ -	
Tips:							\$ -	\$ -	
Other (detail in notes):							\$ -	\$ -	

DATE:	0-Jan	1-Jan	2-Jan	3-Jan	4-Jan				
Total Incidental Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	*All items must contain detailed receipt.
EXPENSES- Client Development/Entertainment	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
							\$ -	\$ -	
							\$ -	\$ -	
							\$ -	\$ -	
							\$ -	\$ -	
Total Cost of Client Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	*All items must contain detailed receipt.
EXPENSES- Trade Show	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Registration Fee							\$ -	\$ -	
Booth Fee							\$ -	\$ -	
Booth Shipment Cost							\$ -	\$ -	
Shipping - other							\$ -	\$ -	
Misc Booth Costs (detail under notes)							\$ -	\$ -	
Total Trade Show Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
EXPENSES- Client Event	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Transportation Fee							\$ -	\$ -	
Venue Rental							\$ -	\$ -	
Food and Beverage Costs							\$ -	\$ -	
Shipping							\$ -	\$ -	
Misc Costs (detail under notes)							\$ -	\$ -	
Total Client Event Show Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
EXPENSES- Conference/Education/Other	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
Registration Fee							\$ -	\$ -	
Other							\$ -	\$ -	
Total Conference Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL EXPENSES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET TOTALS	ACTUAL TOTALS	OVER/ (UNDER)	Explanation/Notes
TOTAL EXPENSES:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less: Prepaid Travel Expenses: (Enter negative number in Actual Totals column)								\$ -	Check #; Date
TOTAL REIMBURSEMENT DUE:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Employee Signature

Supervisor Signature

Date

Date

TRAVEL REIMBURSEMENT REQUEST FORM

Traveler Name: _____ 0

Traveler Destination: _____ 0

Travel Dates: From: 1/0/1900 To: 1/0/1900

Purpose of Travel: _____ 0

Travel Authorized by: _____

Print Name Signature

	Account #	Total Amt. (from Detail):	Pymt. Method:	Less: Advanced Amount:	Reimbursement Due:	Reimb Date:
Allowable Travel Expenses:						
Transportation		\$ -				
Lodging		\$ -				
Meal Costs		\$ -				
Incidentals		\$ -				
Client Development		\$ -				
Trade Show		\$ -				
Client Event		\$ -				
Conference/Education/Other		\$ -				
TOTAL		\$ -		\$ -	\$ -	

I certify that this report is true and accurate and that the expenses were incurred as necessary by me related to my official business as a Visit Jacksonville employee.

Employee Signature Date

FINANCE DEPT USE:

Date Reimbursement Requested: _____

Previous Check(s) Issued: (#) _____ Amount: _____

Current Check # Issued: _____

Check Date: _____

Total Reimbursement Approved: _____



Traveler Name: _____ 0
 Traveler Destination: _____ 0
 Travel Dates: From: _____ 1/0/1900 To: _____ 1/0/1900
 Purpose of Travel: _____ 0
 Travel Authorized by: _____ 0
 _____ Print Name _____ Signature

Date	Event Type	From (origin)	To (destination)	Business Purpose (required)	Total Mileage	Less: Commuting mileage (mileage between home and Visit Jacksonville), if applicable *	Net Reimbursable Mileage	Rate	Total \$	Account Number
01/00/00							-	0.545	-	
01/01/00							-	0.545	-	
01/02/00							-	0.545	-	
01/03/00							-	0.545	-	
01/04/00							-	0.545	-	
						TOTAL	-	0.545	-	

* If you are driving from your home directly to your business destination without coming to the office first or if you are driving for business from a location other than Visit Jacksonville directly to your home without coming to the office on your way home, deduct the mileage between your home and the office
PLEASE NOTE THAT AMOUNTS IN THIS COLUMN SHOULD BE ENTERED AS NEGATIVE NUMBERS