

International Collegiate Sales Competition

Travel Expense Reimbursement Request

READ: IRS requires ITEMIZED RECEIPTS showing the **airfare payment along with the FULL AIRFARE ITINERARY** to process the reimbursement. No pictures, attach the FULL receipt or PDF document. In-State Mileage will be calculated based on the Florida Department of Transportation Mileage Viewer. **Documentation to support mileage claim is required.** Each unique PAYEE should complete a separate form. Forms must be submitted no later than **Friday, November 21, 2025** to Shannon Young by email styoung@fsu.edu. **(Please note: ONCE RECEIVED, Requests may take up to 8 weeks to process.)**

Date Submitted: _____

College or University Name: _____

Contact Name: _____ Telephone: _____ Email: _____

RP Competitor Name: _____ RP Competitor Name: _____

SMC Competitor Name: _____ SMC Competitor Name: _____

Faculty Coach Name: _____

EXPENSES:

FLYING

☐ Airfare \$ _____

OR DRIVING

☐ Mileage _____ x \$.70 per mile = \$ _____ (Mileage paid is \$.70 per mile per the State of Florida.) **OR** Rental _____ and Gas _____

☐ Tolls _____

Signature: _____

FORM MUST BE COMPLETED IN ITS ENTIRETY TO QUALIFY FOR REIMBURSEMENT.

COMPLETE THE BACK PAGE

Requests submitted after November 21, 2025, will be subjected to a 50% penalty and will be processed after the winter break. Requests will not be accepted after noon on Friday, December 5, 2025.)

Directions

Incomplete paperwork will further delay processing time.

Complete Reimbursement Requests Include

If you are **Driving**, submit **ALL** the following items:

1. Completed **AND** Signed Reimbursement Form.
2. MapQuest or similar documenting the mileage and route traveled.

If you are **Flying**, submit **ALL** the following items:

1. Completed **AND** Signed Reimbursement Form.
2. **FULL** Airline Itinerary.
3. Receipt showing payment **AND** purchasing transaction. For example:
XXXX XXXX XXXX 0123 **or a** Bank statement showing the matching
payment deduction. *Itinerary and Receipt may be all in one.

Reimbursement Payment Method Preference

What payment method do you prefer for reimbursement (check one)?

_____ **Check** **OR** _____ **Electronic Deposit**

IF Check, complete Section 1

IF Electronic Deposit complete Section 2 **No need to provide if information was provided in a previous year.**

Section 1 – Check Request

Address to mail check (**Street**): _____

City, State, Zip Code: _____

Section 2 – Electronic Deposit

Routing Number: _____

Account #: _____

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