

# 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](mailto: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 \$.445 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 20, 2026, 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 4, 2026.)**

# 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 (check one)?  Check **OR**  Electronic Deposit

**IF** Check, complete Section 1

**IF** Electronic Deposit complete Section 2

### Section 1 – Check Request

Payee Name: \_\_\_\_\_

Address to mail check (**Street**): \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

### Section 2 – Electronic Deposit

Payee Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account #: \_\_\_\_\_

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