

# 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 22, 2024** 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:

- Airfare \$ \_\_\_\_\_ **OR**
- Mileage \_\_\_\_\_ x \$ .655 per mile = \$ \_\_\_\_\_ (Mileage paid is \$.655 per mile per the State of Florida.)

Signature: \_\_\_\_\_

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

**(Any requests submitted after November 22, 2024, will be subjected to a 50% penalty. Requests will not be accepted after noon on Friday, December 6, 2024.)**

# 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)?

\_\_\_\_\_ **Zelle** \_\_\_\_\_ **Venmo** **OR** \_\_\_\_\_ **ACH Deposit**

**IF Zelle**, complete Section 1

**IF Venmo**, complete Section 2 (Maximum Request for Venmo is \$1,000)

**IF ACH Deposit** complete the ACH deposit form and return with **verifying documentation** (voided check or bank verification letter).

### Section 1 – Zelle Request

Payee – email: \_\_\_\_\_ **AND** Telephone: \_\_\_\_\_

### Section 2 – Venmo Request

Payee – Venmo Name: \_\_\_\_\_ Last 4 digits of your phone number: \_\_\_\_\_

### **For ACH Deposit**

Complete the appropriate ACH Direct Deposit form and submit via NIFTY or secured method along with verification documentation to [styoung@fsu.edu](mailto:styoung@fsu.edu).

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Requests will not be accepted after noon on Friday, December 6, 2024.)**