



Office of the University Controller  
Florida State University

Student Business Services  
1500A University Center  
Tallahassee, FL 32306-2394  
Ph:(850)644-9452 F:(850)  
644-5142

## Procedure: Completing a Travel Expense Refund Form

**Overview:** The Travel Expense Refund Form (DT 118T) is submitted to the Office of Student Business Services for departmental deposits that are from a travel reimbursement for a service or product. Travel Expense Refund forms are submitted with payment to the Cashier Department in the Office of Student Business Services. Departments will need to complete all information on the form prior to depositing.

### I. Completing the Form

A. Complete all fields. Chartfields are optional. For Travel Expense Refunds, the account code is always 151005.

If you have any questions about EMPL ID, Expense Report ID or Cash Advance ID, contact the Travel Office at 850-645-8785.

B. Fill in the amount next to the method of payment used (cash, check, etc)

C. Enter name & signature of person responsible for deposit and their phone number.

### II. Submitting the Form

A. This form can be submitted in the Office of Student Business Services, located in University Center Building A, Room 1500 between the hours of 8:30AM and 3:00PM.

B. This form may also be mailed with payment enclosed (Do **NOT** mail cash) to:

Office of Student Business  
Services  
A1500 University Center  
282 Champions Way  
PO Box 3062394  
Tallahassee FL 32306-2394



### Travel Expense Refund Form

Depositing Department Name  Date

Dep't ID  Fund  Project (required if fund 5xx)  Account Number

Chartfield 1  Chartfield 2  Chartfield 3

#### Form of Payment

Cash	<input type="text"/>
Check	<input type="text"/>
Money Order	<input type="text"/>
Cashier's Check	<input type="text"/>
Total	<input type="text"/>

Traveler Name  Traveler EMPL ID

ER Number  Cash Advance Number (If Applicable)

Name of Person Responsible for Refund  Phone Number

Signature of Person Responsible for Refund  Date

**For Student Business Use Only:**

Cashier Name  Date:

Verified Project/Fund. If Fund Code is 5XX , Project Code Entered