

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVEL EXPENSES

TRAVELER _____
 AGENCY _____
 CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE IND. CONTRACTOR OPS

*Last 4 of SSN _____
 HEADQUARTERS _____
 RESIDENCE (CITY) _____

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference) (Purchasing Card Description)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses Class C Meals		Justifications
								Amount	Type	
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Statement of Benefits to the State: (Conference or Convention)				Column	Column	0 Mi.	Column	Summary	
				Total	Total	0.445 Mi.	Total	Total	
				\$ -	\$ -	\$ (0.00)	\$ -	\$ (0.00)	

Agency Account Codes: ORG _____ FUND _____ GRANT _____ BE _____ EO _____ VR _____	Revolving Fund: Check No. _____ Check Date _____ Agency Voucher No. _____	Advance: Warrant No. _____ Warrant Date _____ SWD No. _____	LESS ADVANCE RECEIVED LESS NON-REIMBURSABLE ITEMS INCLUDED ON PCARD NET AMOUNT DUE TRAVELER NET AMOUNT DUE THE STATE	(\$ _____) (\$ _____) _____ \$ (0.00)
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I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes.

TRAVELER'S SIGNATURE: _____
 SIGNATURE DATE: _____ TITLE: _____

Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: _____
 SUPERVISOR'S TITLE: _____
 SIGNATURE DATE: _____

AMOUNT	OBJECT CODE	AMOUNT	OBJECT CODE
	26 000 GENERAL		26 300 MILEAGE
	26 038 CAR RENTAL/FUEL		26 400 LODGING
	26 049 INCIDENTAL EXPENSES		26 500 AIRFARE
	26 100 PER DIEM		461400 Registration Emp
	26 200 MEAL		

Preparer's Name _____
 Preparer's Phone No. _____
 Date Prepared _____

*Your social security number is requested under s. 119.071(5)(a)(2), F.S., and is necessary to process your request. This information will only be used for payment or accounting purposes. You may be contacted for the full social security number.

