STATE OF FLORIDA TRAVELEI		TRAVELER			_	*Last 4 of	SSN					
VOUCHER FOR REIMBURSEMENT AGENCY							HEADQUARTERS					
OF TRAVE	L EXPENSES	CHECK ONE:	OFFICER/EMPLOYEE	NONEMPLOYEE	IND. CONTRAC	TOR	OPS	RESIDEN	ICE (CITY)			
	Travel Performed		Purpose or Reason	Hour of	Meals for	Per Diem	Map	Vicinity		Other Expenses		
DATE	From Point of Origin To Destination		Name of Conference) hasing Card Description)	Departure And Hour of	Class A & B	or Actual Lodging	Mileage Claimed	Mileage Claimed		Class C Meals		
	To Boomation	(, 0.0	naonig oard Booonpaon,	Return	Travel	Expenses	Oldiiriod	Cidiiiiod	Amount	Туре	Justificati	ons
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Statement of	Benefits to the State: (Conference or Conven	tion)		M	Column	Column	0	Mi.	Column		Summa	200
					Column	Column	0	IVII.	Column		Sullilla	пу
					Total	Total	0.445	5 Mi.	Total		Total	ı
					•	•	\$	(0.00)	•		\$	(0.00)
Agency Ac	count Codes:		Revolving Fund:	Advance:	\$ -	\$ -	\$	(0.00)	\$ -	<u> </u>	<b>-</b>	(0.00)
ORG			Check No.	Warrant No.		LESS ADVANO	CE DECEIVE	ED.			(\$	1
FUND									ICLUDED ON	DCADD	(\$	
			Check Date						NCLUDED ON	PCARD	(\$	
GRANT	BE			SWD No.		NET AMOUNT						
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						NET AMOUNT DUE THE STATE (0.00) 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:						
conference reg	istration fees claimed by me, and that this voucher co	onforms in every res	spect with the requirements of Sec	ction 112.061, Florida Statu	tes.	SUPERVISOR	'S SIGNATU	IRE:				
TRAVELER'	S SIGNATURE:					SUPERVISOR	'S TITLE:					
SIGNATURE	DATE:	_TITLE:				SIGNATURE D	DATE:					
AMOUNT	OBJECT CODE		AMOUNT	OBJECT CODE				Preparer's N	Name			
26_000 GENERAL 26_300 MILEAGE					Preparer's Phone No							
26_038 CAR RENTAL/FUEL				26400 LODGING		Date Prepared						
	26_049 INCIDENTAL EXPENSES			26500 AIRFARE		·						rococc vour request
			461400 Registration Emp		*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							
	26200 MEAL				p			,	1.3	security number.		
				1		1						

TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE  THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY											
Date	Ticket Number or State Vehicle Number	t Number or From		To Amount Na			Name of Co	me of Common Carrier or se Agency Owning Vehicle			
STATE OF FLORIDA PURCHASING CARD CHARGES											
THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD											
ate				n of Item Acquired		Amount of Charge					
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THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD											
ate	Merchant/Vendor				Description	Amount of Charge					
Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)									\$		
	CENEDAL INSTRUCTIONS										

Class A travel -- Continuous travel of 24 hours or more away from official headquarters. Breakfast --- when travel begins before 6 a.m. and extends beyond 8 a.m.

Class B travel -- Continuous travel of less than 24 hours which involves overnight absence from official Lunch ------ when travel begins before 12 Noon and extends beyond 2 p.m.

Class C travel -- Travel for short or day trips where the traveler is not away from his official headquarter Dinner ------ when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.

NOTE: No allowance shall be made for meals when travel is confined to the city or town of official headquarters or immediate vicinity except assignments of official business outside the traveler's regular place of employment if travel expenses are approved and such special approval is noted on the travel voucher. Rate of Per Diem and Meals shall be those prescribed by Section 112.061. Florida Statutes.

Non-reimbursable items may not be charged on the State of Florida Purchasing Card. Inadvertent non-reimbursable charges are to be deducted from the travel reimbursement claimed on the reverse side of this form on the line "Less Non-reimbursable Items Included on Purchasing Card" and the above "Non-reimbursable Items" section of "State of Florida Purchasing Card Charges" section above must be completed. Per diem shall be completed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of 24 hours or more will be calculated on the basis of 6-hour cycles, beginning at midnight; less than 24-hours travel will be calculated on the basis of 6-hour cycles, beginning at the hour of departure from official headquarters. Hour of departure and hour of return should be shown for all travel. When claiming per diem, the meal allowance columns should not be used. Claims for actual lodging at single occupancy rate plus meal allowances should be put in the "Per Diem or Actual Lodging Expenses" column and include the appropriate meal allowances in the "Meals for Class A & B Travel" column. Claims for meals allowance involving travel that did not require the traveler to be away from headquarters overnight should be included in the "Class C Meals" column. Vicinity travel must appear in the separate column. When travel is by common carrier and billed directly to the traveler, the amount and description should be included in the "Other Expenses" column. A copy of the ticket or invoice should be attached to this form. If travel is by common carrier and billed directly to the State agency, then the "Travel Performed by Common Carrier or State Vehicle" section above should be completed. If travel is by common carrier and the carrier is paid by the use of the State of Florida Purchasing Card, then the "State of Florida". Purchasing Card Charges" section above should be completed. The name of the common carrier should be inserted in the "Map Mileage Claimed" column in these instances. Justification must be provided for use of a noncontract airline (or one offering equal or lesser rates than the contract airline) or rental car (or one having lower net rate) when contract carriers are available. Additionally, justification must be provided for use of a rental car larger than a Class "B" car. If travel is performed by the use of a State-owned vehicle, the word "State" should be inserted in the "Map Mileage Claimed" column on the reverse side of this form, and the above section designated as "Travel Performed by Common Carrier or State Vehicle" should be completed. If lodging is paid by the use of the State of Florida Purchasing Card, the words "Purchasing Card" should be inserted in the "Per Diem or Actual Lodging Expenses" column on the reverse side of this form, and the above section designated as "State of Florida Purchasing Card Charges" should be completed. Incidental travel expenses which may be reimbursed include: (a) reasonable taxi fare: (b) ferry fares and bridge, road, and tunnel tolls; (c) storage and parking fees; (d) telephone and telegraph expenses; (e) convention or conference registration fee. If meals are included in the registration fee, per diem should be reduced accordingly. Receipts should be obtained when required. The official Department of Transportation map should be used in computing mileage from point of origin to destination whenever possible. When any State employee is stationed in any city or town for over 30 days continuous work days, such city or town shall be deemed to be his official headquarters and he shall not be allowed per diem or subsistence after the period of 30 continuous work days has elapsed, unless extended by the approval of the agency head. If travel is to a conference or convention, the "Statement of Benefits to the State" section must be completed or a copy of the Authorization to Incur Travel Expense, DEO Form Travel-01, must be attached. Additionally, a copy of a agenda and and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemeanor.