**STATE OF FLORIDA**
**VOUCHER FOR REIMBURSEMENT**
**OF TRAVEL EXPENSES**

TRAVELER ______________________ Traveler Phone: ____________ Social Security No. ____________

ADDRESS ______________________ HEADQUARTERS ____________

CHECK ONE: ____ OFFICER/EMPLOYEE **X** NONEMPLOYEE IND. CONTRACTOR ____ OPS RESIDENCE ____________

| DATE | Travel Performed From Point of Origin To Destination | Purpose or Reason for Travel (Name of Conference) (Purchasing Card Description) | Hour of Departure / Hour of Return | Meals for Class A & B Travel | Per Diem or Actual Lodging Expenses | Map Mileage Claimed | Vicinity Mileage Claimed | Other Expenses: Amount | Other Expenses: Type | **PCARD Charges** |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | M | | | | | | **Airfare** | |
| | | | M | | | | | | **Rental Car** | |
| | | | M | | | | | | **Fuel** | |
| | | | M | | | | | | **Tolls** | |
| | | | M | | | | | | **Parking** | |
| | | | M | | | | | | **Taxi** | |
| | | | M | | | | | | **Portage** | |
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| Statement of Benefits to the State: (Conference or Convention) | Column Total | Column Total | Miles @ 29 ¢ Per Mile | Column Total | | Summary Total |
|---|---|---|---|---|---|---|
| | $ | $ | $ | $ | | $ |

TR________ SEL____

ORG ______________________

EO_____ VR___ CF___ OCA__________

INVOICE #____________TRAN DATE______________

| OBJECT | AMOUNT | OBJECT | AMOUNT |
|---|---|---|---|
| 26 | | 26 | |
| 26 | | 26 | |
| 26 | | 26 | |
| 26 | | 26 | |

| | |
|---|---|
| LESS ADVANCE RECEIVED | ($ ) |
| LESS NON-REIMBURSABLE ITEMS INCLUDED ON PCARD | ($ ) |
| NET AMOUNT DUE TRAVELER | $ |
| NET AMOUNT DUE THE STATE | $ |

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:

FOR AGENCY USE:

Preparer's Name ______________________

Preparer's Phone No. ______________________

Date Prepared ______________________

Invoice no.______________ Voucher/SWD No. ________________RF Ck./Warrant No.__________ RF Ck./Warrant Date______________

Audited By: ______________________ Ext.__________