

**Travel Schedule Form**

|  |                     |                                     |                            |
|--|---------------------|-------------------------------------|----------------------------|
| <b>Name:</b>   |                     | <b>SS#</b>                          |                            |
| <b>Purpose of travel, type of meeting/committee:</b>                             |                     |                                     |                            |
| <b>Location of meeting:</b>  |                     |                                     |                            |
| <b>Meeting Dates</b>   |                     |                                     |                            |
| <b>Departure from:</b>   | <b>Date:</b>        | <b>Time:</b>                        | <b>a.m.</b><br><b>p.m.</b> |
| <b>Returned to:</b>  | <b>Date</b>         | <b>Time:</b>                        | <b>a.m.</b><br><b>p.m.</b> |
| <b>Odometer Reading</b>  | <b>Beginning</b>    |                                     |                            |
|  | <b>Ending</b>       |                                     |                            |
|  | <b>Personal Car</b> | <b>Total Mileage</b>                |                            |
| <b>Mileage to Airport or Rental Car Location:</b>                                |                     |                                     |                            |
| <b>EXPENSES PAID BY YOU TO BE REIMBURSED BY THE STATE PLEASE ATTACH ORIGINAL</b> |                     |                                     |                            |
| <b>Hotel</b>   |                     | <b>\$</b>                           |                            |
| <b>Airfare</b>   |                     | <b>\$</b>                           |                            |
| <b>Rental Car</b>  |                     | <b>\$</b>                           |                            |
| <b>Parking/Storage</b>   |                     | <b>\$</b>                           |                            |
| # of suitcases or garment bags _____   |                     | <b>Portage</b>                      | <b>\$</b>                  |
| # of boxes _____   |                     |                                     |                            |
| # of briefcases _____  |                     |                                     |                            |
| <b>When was portage incurred _____</b>   |                     | <b>(state allows \$ 1 per item)</b> |                            |
| <b>Cab/Limo Fares</b>  |                     | <b>\$</b>                           |                            |
| <b>Bridge/Highway Tolls</b>  |                     | <b>\$</b>                           |                            |
| <b>Board Business Telephone Calls</b>  |                     | <b>\$</b>                           |                            |
| <b>Total</b>   |                     | <b>\$</b>                           |                            |

**Please fill out and return with all receipts to:**  
**Florida Department of Health, MQA/PRES, Attention: Zohre Bahrayni or Michael Curtis**  
**4052 Bald Cypress Way, Bin C90, Tallahassee, FL 32399-3251**