

Out-of-District Travel Voucher

Today's Date _____ Travel Requisition Number _____

Name _____ SF/Vendor No. _____ Ext. _____

Point of Origin _____ Destination _____

Departure Date _____ Departure Time _____

Return Date _____ Return Time _____

Purpose of Travel _____

Expenses (attach receipts)

Official Round-Trip Mileage _____ + Vicinity Mileage _____ = Total Mileage _____

Rental Vehicle \$ _____ Tolls \$ _____ Parking \$ _____ Lodging \$ _____

Fare(s) \$ _____ Taxi Fare(s) \$ _____ Common Carrier Fare(s) \$ _____

Pay State Meal Allowance? Yes No

Number of Meals Included in Registration/Event (not reimbursed) Breakfasts _____ Lunches _____ Dinners _____

Other Expenses (description + dollar amount): _____

Department Number(s) for reimbursement _____

I hereby certify or affirm that this travel claim is true in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of official duties; and that the same conforms in every aspect with the requirements of Section 112.061 of the Florida Statutes.

Traveler Signature _____ Date _____

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

Supervisor Signature _____ Date _____

Office for Finance Use Only

Travel Class: A B C Prepared By _____ Reviewed By _____

Mileage: Total Miles _____ @ \$0.445/mile = \$ _____

Per Diem: Quarters Per Diem _____ @ \$20.00/quarter = \$ _____

Meals: _____ (less _____ Breakfasts _____ Lunches _____ Dinners) = \$ _____

Expenses: Rental Vehicle \$ _____ Tolls \$ _____ Parking \$ _____ Lodging \$ _____

Fare(s) \$ _____ Taxi Fare(s) \$ _____ Common Carrier Fare(s) \$ _____ Communication \$ _____

Other \$ _____

Total Reimbursement: \$ _____