

Finance Office Use Only

<b>Today's Date</b> _____	<b>Travel Number</b> _____
<b>Name</b> _____	<b>SF ID or Vendor #</b> _____
<b>Extension</b> _____	<b>Destination</b> _____
<b>Point of Origin</b> _____	<b>Date of Return</b> _____
<b>Date of Departure</b> _____	<b>Time of Return</b> _____
<b>Time of Departure</b> _____	
<b>Purpose of Travel</b> _____	

**EXPENSES: Please attach receipts for all expenses**

<b>Official Mileage</b> _____	+ <b>Vicinity Mileage</b> _____		= <b>Total</b> _____	
<b>Tolls</b> \$ _____				<b>Parking</b> \$ _____
<b>Common Carrier Fare</b> \$ _____				<b>Lodging(s)</b> \$ _____
<b>Rental Vehicle</b> \$ _____				<b>Taxi Fare(s)</b> \$ _____

<b>Pay State Meal Allowance?</b>	<b>Number of meals included in registration or event</b> Breakfasts                      Lunches                      Dinners <i>* These meals will not be reimbursed.</i>		
Yes                      No			

**Other Expense(s)/Comments:** \_\_\_\_\_

**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 the same conforms in every aspect with the requirements of Section 112.061 of the Florida Statutes.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Traveler's Title** \_\_\_\_\_

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

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Supervisor Title** \_\_\_\_\_

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Class Of Travel	A	B	C	Prepared By _____
				Reviewed By _____
Total Miles	_____			@ . 445 Per Mile _____ \$
Quarters Per Diem	_____			@20.00 Per Quarter _____ \$
Meals	_____			
(Less: _____	Breakfasts _____	Lunches _____	Dinners) _____	\$ _____
<i>Other Approved Expenses (receipts attached):</i> _____				

Tolls	\$ _____	Parking	\$ _____	
Common Carrier Fare	\$ _____	Lodging	\$ _____	
Rental Vehicle	\$ _____	Taxi Fare	\$ _____	
Other	\$ _____	Communication	\$ _____	
		Subtotal Other Expenses	\$ _____	
		<b>Total Reimbursement</b>	<b>\$ _____</b>	