

STATE OF FLORIDA
 VOUCHER FOR REIMBURSEMENT
 OF TRAVEL EXPENSES

TRAVELER _____
 AGENCY _____
 CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE IND. CONTRACTOR OPS

*Last 4 of SSN _____
 HEADQUARTERS _____
 RESIDENCE (CITY) _____

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference) (Purchasing Card Description)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses Class C Meals		Justifications
								Amount	Type	
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Statement of Benefits to the State: (Conference or Convention)				Column	Column	0 Mi.	Column	Summary	
				Total	Total	0.445 Mi.	Total	Total	
				\$ -	\$ -	\$ (0.00)	\$ -	\$ (0.00)	

Agency Account Codes: ORG _____ FUND _____ GRANT _____ BE _____ EO _____ VR _____	Revolving Fund: Check No. _____ Check Date _____ Agency Voucher No. _____	Advance: Warrant No. _____ Warrant Date _____ SWD No. _____	LESS ADVANCE RECEIVED LESS NON-REIMBURSABLE ITEMS INCLUDED ON PCARD NET AMOUNT DUE TRAVELER NET AMOUNT DUE THE STATE	\$ _____ (\$ _____) (\$ _____) _____ \$ _____ (0.00)
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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.

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.

TRAVELER'S SIGNATURE: _____
 SIGNATURE DATE: _____ TITLE: _____

SUPERVISOR'S SIGNATURE: _____
 SUPERVISOR'S TITLE: _____
 SUPERVISOR'S DATE: _____

AMOUNT	OBJECT CODE	AMOUNT	OBJECT CODE
	26 000 GENERAL		26 300 MILEAGE
	26 038 CAR RENTAL/FUEL		26 400 LODGING
	26 049 INCIDENTAL EXPENSES		26 500 AIRFARE
	26 100 PER DIEM		461400 Registration Emp
	26 200 MEAL		

Preparer's Name _____
 Preparer's Phone No. _____
 Date Prepared _____

*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 security number.

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	From	To	Amount	Name of Common Carrier or State 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

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	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.)			\$ -

GENERAL 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 headquarters. 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, Form DFS-AA-13, must be attached. Additionally, a copy of a agenda and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemeanor.