

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF IN-STATE TRAVEL EXPENSES

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

Social Security No. N/A
 HEADQUARTERS EARLY STEPS
 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		PCARD Charges
								Amount	Type	

Statement of Benefits to the State: (Conference or Convention)
 \$ -

Column Total	Column Total	0 Mi. 0.445 Mi.	Column Total	Summary Total
\$ -	\$ -	(0.00)	\$ -	\$ (0.00)

TR _____ SEL _____	OBJECT	AMOUNT	OBJECT	AMOUNT	Summary Total
ORG _____	261100 Per Diem		261500 Air		LESS ADVANCE RECEIVED (\$)
EO _____ VR _____ CF _____ OCA _____	261200 Meals		261003 Incidental		LESS NON-REIMBURSABLE ITEMS INCLUDED ON PCARD (\$)
INVOICE # _____ TRAN DATE _____	261300 Mileage		261005 Rntl Car		NET AMOUNT DUE TRAVELER
	261400 Lodging		261		NET AMOUNT DUE THE STATE \$ (0.00)

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: X _____
 SIGNATURE DATE: X _____ TITLE: X _____

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

FOR AGENCY USE:		
Invoice No. _____	Advance _____	Preparer's Name _____
Voucher/SWD No. _____	Warrant No. _____	Preparer's Phone No. _____
RF Ck./Warrant No. _____	Warrant Date _____	Date Prepared _____
RF Ck./Warrant Date _____	Statewide Doc. No. _____	
	Agency Voucher No. _____	

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

Benefits accruing to the State of Florida for travel incident to attendance at conferences or conventions:

PAYMENT REQUIREMENTS: Employee travel reimbursement requests have the same processing time and payment requirements as regular vendor invoices, including payment of interest penalties. If the date on which a travel voucher is received is not properly stamped on the voucher, the date received will default to the date prepared. F.S. 215.422(11)

General Instructions: Travel definitions, allowances, and limitations are detailed in DOH 40APM1, Official Travel of DOH Employees and Non-Employees. Travel by Common Carrier requires initials of company be shown under map mileage. Travel by State Vehicle requires the word STATE and vehicle TAB NUMBER be shown under map mileage. Complimentary transportation requires the word COMP under map mileage and/or vicinity mileage. Obtain paid receipts for all necessarily incurred traveling expenses regardless of exemption.

Purchasing Card Instructions:

Travel charges paid for with the State of Florida Purchasing Card must be itemized in the far right column on the front of this form. These charges are NOT reimbursable. A copy of ALL receipts paid for with the Purchasing Card must be attached to the travel voucher. The original receipt must accompany the Purchasing Card Reconciliation Report.

Non-reimbursable items placed on the Purchasing Card must be deducted from meal allowance and per diem due the traveler. These items must be itemized in the far right column with the total of the non-reimbursable being deducted in space provided in the lower right of the form.