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

TRAVELER MARY SMITH
Address 123 PARKAVE., DELTONA, F I
CHI:.CKONE: ___ OFFICER/EMPLOYEE J L _ NONEMPLOYEE INO. CONTRACTOR ___ OPS

Social Security No. N/A
HEADQUARTERS _EA""RLYSTE P S_ _ _ _ _ _
RESIDENCE (CITY) DELTONA

DATE	Travel PelfOOTIld From Point or Origin To♦tinalion	ChlkfsName Purpose = Therapy	Hourol 0epal1ure I\ndHourol Relum	Meals fOl Class A&B Travel	PerCJem Df/\®al Lodging Expenses	Map - · 9 · Cl>lmed	Vicinity 1T"bage Claimed	Other E.lcpenses Amount	Other E.lcpenses Type	PCARO Chorgtt
11/1/2016	123 PARK AVE, DELTONA, FL (Home ease\		8:00am							
11/1/2016	456 HEAVEN ST. DELAND	JANE DOE				8				
11/1/2016	456 HEAVEN ST. DELAND	JANE DOE	9:30am							
11/1/2016	96S0UTH ST. PORT ORANGE	BILLY BOOP				15				
11/1/2016	96 SOUTH ST. PORT ORANGE	BILLY BOOP	11:00 am							
1111/2016	123 PARK AVE. DELTONA, FL rHome Basel	RETURN TO BASE AODEO FROM BILLY BOOf?	12:00om			20				
11/2/2016	123 PARK AVE, DELTONA, FL IHOme Basel		8:00am							
11/2/2016	45 NICKEL AVE. DELAND	SUZVSALT				10				
11/2/2016	45NICKELAVE, DELAND	SUZVSALT	9:30							
11/2/2016	7815 NW SUN ST, SOUTH DAYTONA	WALLY♦IART				15				
11/2/2016	-7815 NW SUN ST. SOUTH DAYTONA	WALLY MART	11:30am							
11/2/2016	123 PARK AVE. DELTONA. FL (Home Basel	RETURN TO BASE ADDEO FROM WALLY IAAI	12:30 om			20				
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Stalsment of Benefils to Ihe State: (Conference or Convention)

Column Total	Column Total	68 ML 0.445 MI	Column Total		Summary Total
$.	S .	$ 39.16	S .		S 39,16

TR_ _ _ SEL_ _
ORG
eo_ _ v R_ C F_ OCA
INVOICE# TRAN DATE

OBJECT	AMOUNT	OBJECT	AMOUNT
261100 PerDiem		261500 Air	
261200 Meals		261003 Jmddenial	
261300 Mileage		261005 Rtfl Car	
261400 Lodging		261	

LESS ADVANCE RECEIVED	(S)
LESS NON-REIIASURSA8LE ITEMS INCLUDED ON PCARD	CS)
NET AMOUNT ove TRAVELER	S 39.16
NET AMOUNT DUE THE STATE	

I hereby cenily or affirm and det101c that Ihis dafm tor reimbursement Is true and correct .h every materi-l mellay; that Ihe travel expenses wero aclutlly Incunod by mo cs nca,ssa,y 'h Ihc perfolmanee ol official dutiu: Ihot per dlsm claimed h n Poen • ♦ e l y ro<fued by anymoa.Is o, lodging Intludlid Ih fhe convention or COfllerinctt registration fees tsalmed byme, andthatlf>s voucherconformis in everyresptetwitlthe requkmttnls.of Sedlon 112.061.Florkla Statules.

TRAVELER'S SIGNATURE: J

SIGNATURE DATE: ___X TITLE: _X

Pursuant to S<dion 112.00t f.l) (a). Floriea Slalutes. 1heroby celiffy or ammm Urrl lo Iho best or rey kno>oletlje the travel was cn ollldat bust>e_, olthe Sta.Jo of Flolt<a urul was mr Ihe purpose(•) Slated above.

SUPERVISOR'S SIGNATURE:_X

SUPERVISOR'S TITI.E:_X

SIGNATURE DATE: ___X

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Invoice No.
VoucherlSWO No.
RF Ck.JWarrant No.
RF Clt/Warrant Date

Advance
Warrant No.
Warran! Date
Slatewide Doe. No.
Agency Voucher No.

Prepare(s Name
Prepare(s Phone No.
Date Prepared

OH 676A 09/06