## State of Florida Voucher for Reimbursement of Travel Expenses

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| --- | --- | --- | --- | --- | --- |
| Traveler: |  | Agency: |  |  | Check One: |
| SSN: |  | Headquarters: |  |  | Officer / Employee |
| TAR No: |  | Residence/City: |  |  | No- Employee / Ind. Contractor |

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| **Date** | | **Travel Performed** From **Point of Origin**  To **Destination** | | | **Purpose or Reason**  (Name of Conference) | | | Hour of **Departure** & **Return** | **Meals** for Class A & B Travel | | **Per Diem** or Actual **Lodging Expenses** | | Class C **Meals** | | **Map Mileage** Claimed | **Vicinity Mileage** Claimed | **Other Expenses** | |
| **Amount** | **Type** |
|  | |  | | |  | | |  |  | |  | |  | |  |  |  |  |
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| **Statement of Benefits to the State:** (Conference or Convention) | | | | | | | | | Column  Total | | Column  Total | | Column  Total | | **Mi.** | | Column Total | Summary  Total |
| **@ 44.5 ¢ / Mi.** | |
|  | |  | |  | |  | |  |  |
| **Revolving Fund:** | | | | **Advance:** | | | | | **Less Advanced Received:** | | | | | | | |  | |
| Check No. | | | | Warrant No. | | | | | **Less Class C Meals** (Officers/Employees Only): | | | | | | | |  | |
| Check Date | | | | Warrant Date | | | | | **Less on-Reimbursable Items Included on Purchasing Card:** | | | | | | | |  | |
| Agency Voucher No. | | | | Statewide Doc. No. | | | | | **Net Amount Due Traveler:** | | | | | | | |  | |
|  | | | | Agency Voucher No. | | | | | **Net Amount Due the State:** | | | | | | | |  | |
| I hereby certify or affirm that above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; directly related to official duties of the agency; any meals or lodging included in a conference/convention registration fee have been excluded in this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061 F.S. | | | | | | **Traveler’s Signature:** | | | | Pursuant to Section 112.061(3)(a), FS, I hereby certify or affirm that to the best of my knowledge the above travel was on official business for the purpose(s) stated above. | | | | **Supervisor Signature** | | | | |
| Title: | | | | Title: | | | | |
| Signature: | | | | Signature: | | | | |
|  | | | |  | | | | |
| **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 No.** or **State Vehicle No.** | | **From** | | | | **To:** | | | **Amount:** | | Name of **Common Carrier** or **State Agency** Owning Vehicle | | | | | | |
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**File:** PSG-Exhibit 6-Voucher for Reimbursement.docx