## State of Florida Voucher for Reimbursement of Travel Expenses

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | ColumnTotal | ColumnTotal | ColumnTotal | **Mi.** | Column Total | SummaryTotal |
| **@ 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