TRAVELER AGENCY STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES RESIDENCE (CITY) **HEADQUARTERS Department of State** ☐ Employee ☐ OPS ☐ Non-Employee/Ind.Contractor Were meals included in registration fee? ☐ Yes ☐ No Meals for Per Diem Map Vicinity Class C Hour of Other Other Travel Performed from Point of Origin Class Mileage Mileage or Actual Date Purpose or Reason (Name of Conference) Departure/ Meals Amount Expense to Destination Claimed Claimed A&B Lodging Return Type Online Map: http://www3.dot.state.fl.us/mileage/ **Expenses** Travel a m a m a m p m a m a m a m a m a m a m a m a m a m a m a m a m a m a m Statement of Benefits to the State: (Conference or Convention) Column Column Column Column Summary 0.00 0.00 Total Total Total Total Total @ \$.445 per mile \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 LESS ADVANCE RECEIVED I hereby certify that this claim for reimbursement is true and correct in every material matter, that the travel expenses were actually incurred by LESS CLASS C MEALS (Officers/Employees Only) \$0.00 me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD 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. \$0.00 NET AMOUNT DUE TRAVELER (DUE THE STATE) TRAVELER'S SIGNATURE: Object CFI Amount Object CFI Amount TRAVELER'S TITLE: DATE: Pursuant to Section 112.061 (3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida and was performed for the purpose(s) stated above. SUPERVISOR'S SIGNATURE: SUPERVISOR'S TITLE: DATE: Social Security No. **Org Code** E0 Invoice Number FID Start Date

	THIS SECTION REQUIRED	TRAVEL PERFORMED BY CON TO BE COMPLETED ONLY WHEN	COMMON CARRIER OR STATE VEHIC COMMON CARRIER IS BILLED DII		
Date	Ticket Number or State Vehicle Number	From	То	Name of Common Carrier or State Agency Owning Vehicle	Amount
	TIUG GEGELON DEGUIDED		URCHASING CARD CHARGES	TF 05 51 0010 A DUDOULABNO 0400	
			D EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD		
Date	Merchant/Vendor		Description of Item Acquired		Amount
	THIS SECTION REQUIRED TO	STATE OF FLORIDA P BE COMPLETED ONLY WHEN NON-REIMBURSA	URCHASING CARD CHARGES ABLE ITEMS WERE PURCHASED USING THE S	TATE OF FLORIDA PURCHASING CARD	
Date	Merchant/Vendor		Description of Item Acquired		Amount
Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)					\$0.00
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 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					
Class C Travel Class C Travel Travel for short or day trips where the traveler is not away from his official headquarters overnight. Lunch When travel begins before 12 noon and extends beyond 8. When travel begins before 6 p.m. and extends beyond 8.					'
	, ,	,	trave	occurs during night-time hours due to special assig	nment.
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 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 ltems 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 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 a	nd billed directly to the State agency, then the "Trave	el Performed by Common Carrier or State Vehicle"	section above should be completed. If travel is by common car	rier and the carrier
				carrier should be inserted in the "Map Mileage Claimed" column	
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 on 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 w					

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 Expenses, Form DBF-AA-13, must be attached. Additionally, a copy of an 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.