

Voucher For Reimbursement Of Traveling Expenses

Type of Meeting _____ City _____.

Date of Meeting _____ Location _____.

PLEASE ATTACH A COPY OF THE PROGRAM OR AGENDA

Date	To	From	Hour of Departure and Return	Per Diem Or Meals	Mileage Claimed	Incidental Expense Attached Receipt Amount	Type
NOTE: If travel is performed by common carrier and paid for personally, receipt must be obtained					_____ Miles @ _____ ¢ \$ _____	\$ _____	Grand Total \$ _____

Name of Carrier or Driver _____ Name of Rider _____.

Name of Rider _____ Name of Rider _____.

Name of Rider _____ Name of Rider _____.

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061 Florida Statutes.

Date _____ School _____ Signature _____

Date _____ Approved By _____ Title Principal

Date _____ Approved By _____ Title Superintendent