STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES
Department of Juvenile Justice

TRAVELER _____ PEOPLE FIRST ID# _____

WORK ADDRESS _____ HQ CITY _____ CIR # _____

CITY, STATE, ZIP CODE _____ RESIDENCE (CITY) _____

Check One: Employee ☐ OPS ☐ Nonemployee/Ind. Contractor ☐

Date	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Depart & Return	Class A and B Meals	Actual Lodging Expenses	Per Diem	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type
										Air Fare	Amount
		SUBTOTAL PAGE 1		$0.00	$0.00	$0.00		0	0	$0.00	$0.00
		SUBTOTAL PAGE 3		$0.00	$0.00	$0.00		0	0	$0.00	$0.00
				Column Total	Column Total	Column Total	Column Total	0 Miles @ $.445/Mile		Column Total	Column Total
				$0.00	$0.00	$0.00		$0.00		$0.00	$0.00

ORG CODE _____ EO _____

OBJECT	AMOUNT	OBJECT	AMOUNT
262000	$0.00	262400	$0.00
262100	$0.00	262500	$0.00
262200	$0.00		
262300	$0.00		

INVOICE#

TRAN. DATE

SUMMARY Total	$0.00
LESS CLASS C MEALS (EMPLOYEE/OPS ONLY)	
LESS NON-REIMBURSABLE ITEMS ON PURCHASING CARD	($0.00)
LESS TRAVEL ADVANCE	( )
NET AMOUNT DUE - TRAVELER	$0.00
NET AMOUNT DUE TO STATE	$0.00

Revolving Fund: _____
Check No. _____
Check Date _____
Agency Voucher _____

Advance:
Warrant No. _____
Warrant Date _____
Statewide Doc. Date _____
Agency Voucher No. _____

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.

I hereby certify or affirm that the above expenses were actually incurred by me as necessary travel expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from 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, Florida Statutes.

Traveler's Signature _____

Signature Date: Title:

Supervisor's Signature

Signature Date

Supervisor's Title

Prepared By

Phone\Suncom Number \

FA001

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Revised 01/26/07

TRAVELER _____ PEOPLE FIRST ID# _____

Travel Performed By Common Carrier Or State Vehicle

NOTE: If travel was performed by common Carrier and paid for personally, receipt must be furnished

Date	Ticket Number or State Vehicle Number	FROM	TO	Amount	Name of Common Carrier or State Agency Owning Vehicle

STATE OF FLORIDA PURCHASING CARD CHARGES

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount
			$0.00
		Total Purchasing Card Reimbursable Charges	$0.00

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount
			$0.00
		(THIS AMOUNT MUST APPEAR ON THE LINE "LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD:" ON THE REVERSE SIDE OF THIS	$0.00

Statement of Benefits to the State (Conference or Convention)

TRAVELER _____ PEOPLE FIRST ID# _____

Date	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Depart & Return	Class A and B Meals	Actual Lodging Expenses	Per Diem	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type
				$0.00	$0.00	$0.00		0	0	$0.00	
										Air Fare	Amount
			SUBTOTALS	$0.00	$0.00	$0.00		0	0	$0.00	$0.00

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