

APPENDIX B
VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES
FORM DFS-AA-15

Instructions for the completion of the Travel Reimbursement Request, (Form DFS-AA-15) are given below. Numbers shown correspond to the attached facsimile form.

<u>Blank #</u>	<u>Instructions</u>
(1)	Traveler - The first name, middle initial, and the last name of the traveler. If the traveler is an employee and is a Junior or a Third, etc., this designation must agree with the employee's W-4 card on file with the State Comptroller's Office. Examples: (1) The W-4 card reads John Albert Jones, Jr. The payee line of the travel voucher should read John A. Jones, Jr. (2) The W-4 card reads Bill Steven Thompson, III. The payee line should read Bill S. Thompson, III.
(2)	People First ID Number - The traveler's six digit PeopleFirst ID number.
(3)	Work Address - The street address to which the traveler is assigned.
(4)	HQ City - The Headquarters city to which the traveler is assigned.
(5)	CIR# - The Circuit to which the traveler is assigned.
(6)	City, State, Zip Code - The city, state, zip code to which the traveler is assigned.
(7)	Residence (City) - The city in which the traveler resides and where his/her personal mail is usually addressed. This may be different than item (4).
(8)	Check One - Check the space, which identifies the traveler's employment status.
(9)	Date - Place the month, day and two (2) digit year on which the travel was performed. List as M/D/YY. Travel performed on January 2 would be shown as 1/15/07.
(10)	Travel Performed from Point of Origin to Destination - This column is used to indicate the city of origin and the city of destination. (Example - "Tallahassee to Tampa") If vicinity travel is claimed, indicate city name and "vicinity".
(11)	Purpose or Reason (Name of Conference) - This column is used to indicate the specific purpose of the travel performed. If appropriate, indicate the name of the conference. Purpose or Reason may be dittoed provided the statement is clear. Rather than "client related" be more explicit such as "home visit for clients". Abbreviations may be used if the abbreviation is self-explanatory.
(12)	Hour of Departure and Hour of Return - This column is used to indicate the exact time of departure and time of return. It must be specified whether the hour is P.M. or A.M. The time of departure and return must be shown on all Travel Reimbursement Requests.
(13)	Meals for Class A and B Travel - List the amount of meals on a daily basis which qualify as Class A or B meals.
(14)	Actual Lodging Expenses - This column is used to indicate the actual daily lodging expenses claimed for the travel performed.
(15)	Per Diem Amount - This column is used to indicate the amount of per diem claimed for the travel performed.
(16)	Map Mileage Claimed - When a privately owned vehicle is used, indicate the point-to-point mileage claimed, as it appears on the Official Mileage Chart. If a state vehicle is used, show tag number here. If rental car is used, indicate name of rental agency.
(17)	Vicinity Mileage Claimed - This column is used to indicate the vicinity mileage claimed. Unusual vicinity mileage will be subject to review.
(18)	Incidental Expenses Amount - This column is used to indicate the amount of incidental expenses.

- (19) Incidental Expenses Type - This column is used to indicate the type of incidental expenses. Examples: rental car, reasonable taxi fare, ferry, bridge, road tolls; storage or parking fees; registration fees; telephone; maps; etc.
- (20) Air Fare – This column is used when the traveler pays common carrier charges directly to the vendor, the amount of air fare paid should be entered here and the carrier’s name entered on page 2 in the space designated “Travel Performed By Common Carrier or State Vehicle” Type,” i.e., USAir, Delta, Avis, etc.
- (21) List the total amount of all Class A and B meals claimed on this page (automatically calculated).
- (22) List the total amount of all lodging expenses claimed on this page (automatically calculated).
- (23) List the total amount of all per diem claimed on this page (automatically calculated).
- (24) List the total map mileage claimed on this page (automatically calculated).
- (25) List the total vicinity mileage claimed on this page (automatically calculated).
- (26) List the total amount claimed for incidental expenses on this page (automatically calculated).
- (27) List the total air fares page on this page (automatically calculated).
- (28) List the total amount of all Class A and B meals claimed on page 3 (automatically calculated).
- (29) List the total amount of all lodging expenses claimed on page 3 (automatically calculated).
- (30) List the total amount of all per diem claimed on page 3 (automatically calculated).
- (31) List the total map mileage claimed on page 3 (automatically calculated).
- (32) List the total vicinity mileage claimed on page 3 (automatically calculated).
- (33) List the total amount claimed for incidental expenses on page 3 (automatically calculated).
- (34) List the total air fares page on page 3 (automatically calculated).
- (35) Total amount of all Class A and B meals claimed (automatically calculated).
- (36) Total amount of all lodging expenses (automatically calculated).
- (37) Total amount of all per diem claimed (automatically calculated).
- (38) Total map and vicinity mileage claimed (automatically calculated).
- (39) Total amount of all mileage claimed multiplied by \$.445/mile (automatically calculated).
- (40) Total amount of all incidental expenses (automatically calculated).
- (41) Total amount of all air fares (automatically calculated).
- (42) Summary Total - Grand total claimed on the entire travel voucher (automatically calculated).
- (43) Less Non-Reimbursable items on Purchasing Card (total amount of costs charged to the DJJ Purchasing Card, which will be paid directly to the credit card company, not the traveler (automatically calculated).
- (44) Less Travel Advance Received - The amount of any travel advance, which must be deducted from the claim (automatically calculated).
- (45) Net Amount Due Traveler - The total amount due the traveler (automatically calculated).
- (46) Net Amount Due State – The total amount due the State if travel expenses exceed permitted amounts (automatically calculated).
- (47) Org. Code - The SAMAS organizational unit to which the travel cost on the voucher will be charged as determined by the supervisor.
- (48) EO - The SAMAS expansion option code to be used as determined by the supervisor.

- (49) Object Code 261000 Amount - Automatic total of rental cars and incidental expenses.
- (50) Object Code 261100 Amount – Automatic total of per diem expenses.
- (51) Object Code 261200 Amount - Automatic total of Class A and B meals.
- (52) Object Code 261300 Amount - Automatic total of mileage expenses.
- (53) Object Code 261400 Amount - Automatic total of lodging expenses.
- (54) Object Code 261500 Amount - Automatic total of air fare expenses.
- (55) Object Code 269000 Amount - Automatic total of travel advance.
- (56) Invoice # - To be completed by the Bureau of Finance and Accounting.
- (57) Tran Date - To be completed by the Bureau of Finance and Accounting.
- (58) This entire block is for fiscal office use only and can be used for travel advance information.

Traveler's Signature - The traveler should sign his or her legal name as it appears on the W -4 Form.

Note: Persons who subscribe to any claim which they do not believe to be true and correct as to every material matter, or who willfully aid or assist in the preparation or presentation of a claim which is fraudulent or false as to any material matter, will be guilty of a misdemeanor and upon conviction thereof, will be punished accordingly. Whoever will receive an allowance or reimbursement by means of a false claim will be civilly liable in the amount of the overpayment for the reimbursement of the public fund from which the claim was paid.

- (59) Date - The date the traveler signs the travel voucher.
- (60) Traveler's Title - The traveler's official position title.

Supervisor's Signature - The signature of the traveler's supervisor.

Note: Supervisors should understand that they are certifying or affirming that to the best of their knowledge the travel claimed by the traveler was on official business of the State of Florida and was performed for the purpose(s) stated.

- (61) Signature Date - The date the supervisor signs the travel voucher. The supervisor must approve the voucher no later than five days after receipt in accordance with Section 215.422, Florida Statutes unless there is a bona fide dispute.
- (62) Supervisor's Title - The supervisor's official position title. The word "supervisor" alone is not acceptable.
- (63) Prepared By - List the name of the person preparing the travel voucher that should be contacted to resolve any questions.
- (64) Phone Number – List the telephone number of the preparer as identified in item 63.
- (65) Suncom Number - List the Suncom phone number of the preparer as identified in item 63.

Note: The reverse side of the travel voucher must be completed if: (1) common carrier transportation (airline, rental car, etc.) is directly billed to the agency; (2) a state vehicle is used; (3) the traveler attended a conference or convention; (4) the traveler made charges against the State of Florida Purchasing Card; or (5) the traveler made non-reimbursable charges against the State of Florida Purchasing Card.

Travel Performed by Common Carrier or State Vehicle:

- (66) Date - Enter the date travel began.
- (67) Self-explanatory.
- (68-69) From/To - City of departure and city of destination.
- (70) Amount - Total cost of common carrier charges as reflected on the ticket.
- (71) Self-explanatory.

State of Florida Purchasing Card Charges

- (72) Date - Enter the date of the purchase.
- (73) Merchant/Vendor - Enter the official name of the merchant or vendor as it will appear on the credit card charge invoice.
- (74) Description of Item Acquired - Enter a clear description of the item(s) purchased.
- (75) Amount - Enter the exact amount of the charge.
- (76) Total Reimbursable Charges - Enter total amount of charges.
- (77) Date - Enter the date the **non-reimbursable item(s)** was purchased.
- (78) Merchant/Vendor - Enter the official name of the merchant or vendor as it will appear on the credit card charge invoice from whom you purchased the **non-reimbursable item(s)**.
- (79) Description of Item Acquired - Enter a clear description of the **non-reimbursable item(s)** purchased.
- (80) Amount - Enter the exact amount of the non-reimbursable charge. This must agree with the amount of line (XX).
- (81) Total Non-Reimbursable Charges - Enter total amount of charges.

Statement of Benefits to the State: (Conference or Convention)

- (82) To be completed for conference/convention travel only. Should be identical to the benefits statement made on the "Authorization to Incur Travel Expense," Form DFS -AA-13.

Page 3

- (83) Same information as required on first page (blanks 9 – 20).

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVEL EXPENSES

TRAVELER _____
WORK ADDRESS _____
CITY, STATE, ZIP CODE _____

PEOPLE FIRST ID# _____
HQ CITY _____
RESIDENCE (CITY) _____
CIR # _____

Department of Juvenile Justice

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	Type

SUBTOTAL PAGE 1 _____
SUBTOTAL PAGE 3 _____

ORG CODE _____ EO _____

Column Total	Column Total	Column Total	Column Total	Miles @ \$.445/Mile	Column Total	Column Total

OBJECT	AMOUNT	OBJECT	AMOUNT	INVOICE#	TRAN. DATE	SUMMARY Total
261000						
261100						
261200						
261300						
LESS CLASS C MEALS (EMPLOYEE/OPS ONLY)						
LESS NON-REIMBURSABLE ITEMS ON PURCHASING CARD						(_____)
LESS TRAVEL ADVANCE						(_____)

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

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

NET AMOUNT DUE - TRAVELER _____
NET AMOUNT DUE TO STATE _____

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 _____

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
Total Purchasing Card Reimbursable Charges			

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
(THIS AMOUNT MUST APPEAR ON THE LINE "LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD:" ON THE REVERSE SIDE OF THIS			

Statement of Benefits to the State (Conference or Convention)

