Within this document you will find the "Portable Document Format" (.pdf) version of the State of Florida's Voucher for Reimbursement of Travel Expenses. The form shown on pages two and three of this document can be printed then handwritten or typewritten on, to provide pertinent travel details for reimbursement purposes. Please mail the original version of the completed reimbursement voucher form (with copies of receipts and other relative attachments) to the Finance & Accounting address noted below:

Finance & Accounting 500 South Duval Street Supreme Court Building Tallahassee, FL 32399-1900

Please be sure to retain copies of your travel reimbursement vouchers for internal records storage/retention purposes (hard copies and/or electronic copies).

STATE COURT SYSTEM			TRAVELER					CHECK ON	0	STATE EM	PLOYEE / OFFI	CEB		
J STATE OF	OKT OTOTEM		ADDRESS					O'ILOK OIL				ENDENT CONTRACTOR		
VOLICHER FOR	REIMBURSEMENT		CITY, STATE, ZIP						OPS OPS	OTEE / INDEP	ENDENT CONTRACTOR			
Todaniziti or	TEMBOTOLINE!		TELEPHONE #					AGENCY		0.0				
OF TRAV	EL EXPENSES		SOCIAL SECURITY					HEADQUAR	TEDE					
01 1104	EE EXI ENGEG							RESIDENCE						
DATE	Travel Performed	ji i	Purpose or Reason (Name of Conference)		Hour of Departure And Hour	Meals for Class A & B	Per Diem or Actual Lodging		Map Mileage Claimed	Vicinity Mileage Claimed				
	To Destination				of Return	Travel	Expenses				Amount	Туре		
								N O T						
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Statement of Benefits to the St	ate: (Conference or C	Convention)				Column Total	Column Total	Golumn Total		Mi, 5 \$ Mi	Column Total	Summary Total		
							\$ - NCE RECEIVE		s -		\$ -	\$ -		
							REIMBURSABI		LUDED ON P	URCHASING	CARD	S -		
I hereby certify or affirm and de	clare that this claim f	for reimburser	nent is true and correct in every	material matter. That the tro	ual avnancee	NET AMOUNT DUE TRAVELER \$ 0.  NET AMOUNT DUE THE STATE \$ 0.								
were actually incurred by me a meals or lodging included in th	I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter. That the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect						NET AMOUNT DUE THE STATE \$ 0.00  / Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was for							
with the requirements of Section TRAVELER'S SIGNATURE:	n_112.061, Florida St	tatutes.				the purpos	se(s) stated SOR'S SIGI	above.						
SIGNATURE DATE:			TITLE:						_					
	accounting Use Only	, ***	ADVANCE TRAVEL:			SUPERVISOR'S TITLE: SIGNATURE DATE:			_					
Description	Object Code	Amount				DIGITATIO	INE DATE.							
Other	26_0		Advance Payment:											
Per Diem	26_1		Warrant Number:											
Meals	26_2		Warrant Date:			1								
Mileage	26_3		Statewide Doc. Number:						For Trial C	Courts Use	Only			
Hotel	26_4		Agency Doc. Number:			Pursuant to	S 939 08 F 9	Logotify the				ble and contains no		
Airfare	26_5		7			Pursuant to S.939.08, F.S., I certify these costs are just, correct, and reasonable and contains no unnecessary or illegal item.								
Training	26_8					Trial Courts Administrator's Signature:								
DRGANIZATION CODE:					SIGNATURE DATE:									

	PALIT	ECTION REQUIRED TO BE COMPLETED ONLY WHEN (	MON CARRIER OR STATE VEHICLE						
Date	Ticket Number or State Vehicle Number	From From	To To	Amount Amount	Name of Common Carrier or				
					State Agency Owning Vehicle	9			
		STATE OF FLORIDA PUR	RCHASING CARD CHARGES						
	THIS SECTION REQUIR	RED TO BE COMPLETED ONLY WHEN TRAVEL RELATE		HE STATE OF ELORIDA DUDOLIASIN	CCARD				
Date Merchant/Vendor					nt of Charg				
		THE PROPERTY OF THE PROPERTY O		A # 700   # 5					
	THIS SECTION RECUIRES	TO BE COMPLETED ONLY WHEN NOW DELVOYING A	I E CTEMO WERE RURO WARRANTE		TOTAL \$				
Date	THIS SECTION REGINES	1 TO BE COMPLETED ONLY WHEN NON-REIMBURSAB Merchant/Vendor	LE HEMS WERE PURCHASED USING	Description of Item Acquired		-4 -6 Ob			
		metaliana i ontog		Description of item Acquire	Amoun	nt of Charg			
The State of the S									
	Total (This amount must	appear on the line "Less Non-Reimbursable Items Incl	uded on Purchasing Card" on the rev	erse side of this form.)	5				
ass A travel Continuous travel of	f 24 hours or more away from official headquar		NSTRUCTIONS	2					
					efore 6 a.m. and extends beyond 8 a.m.				
Class B travel – Continuous travel of less than 24 hours which involves overnight absence from official headquarters.  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 2 p.m.						
		The state of the s	Dinner —— when travel begins before 6 p.m. and extends beyond 8 p.m. or who travel occurs during night-time hours due to special assignment.						
TE: No allowages shall be made for	and the second s	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			urs due to special assignment.				
such special approval is noted on the trave	whicher Rate of Par Diem and Marin shall be those as	Iquarters or Immediate vicinity except assignments of official business outside the	he traveler's regular place of employment if travel expe	enses are approved					
reimbursable charges are to be deducted	from the travel reimburroment delimed on the severe of	ascribed by Section 112.061, Florida Statutes. Non-relimbursable items may re te of this form on the line "Less Non-relimbursable items included on Purchasing	of be charged on the State of Florida Purchasing Card	. Inadvertent					
ate of Florida Purchasing Card Charges" se	action above must be completed. Per diam shall be comp	leted at one-fourth of authorized rate for each quarter or fraction thereof. Trave	g Card" and the above "Non-relmbursable Items" secti	ion of					
ginning at midnight; less than 24-hours trave	el will be calculated on the basis of 6-hour cycles, beginning	ng at the hour of departure from official headquarters. Hour of departure and h	over a period of 24 hours or more will be calculated o	on the basis of 6-hour cycles.					
allowance columns should not be used. O	Claims for actual lodging at single occupancy rate plus me	al allowances should be put in the "Per Diem or Actual Lodging Expenses" colu	our or return should be shown for all travel, when clair	ming per diem, the					
als for Class A & B Travel* column, Claim	is for meals allowance involving travel that did not require	the traveler to be away from headquarters overnight should be included in the	Class C Masie" column. Vicinity traval must appear in						
en travel is by common carrier and billed dir	rectly to the traveler, the amount and description should b	e included in the "Other Expenses" column. A copy of the ticket or invoice shou	Id he attached to this form. If travel is he common and	i the separate course.					
State agency, then the "Travel Performed	by Common Carrier or State Vehicle* section above sho	all be completed. If travel is by common carrier and the carrier is paid by the u	to of the State of Election Durchasing County than the "C	rier and blied directly to					
chasing Card Charges" section above sho	suld be completed. The name of the common carrier sho	ild be inserted in the "Map Mileage Claimed" column in these instances. Justific	ration must be provided for use of a population willing	state of Pionica					
one offering equal or lesser rates than the	contract airline) or rental car (or one having lower net rate	) when contract carriers are available. Additionally, justification must be provide	ed for use of a rental car larger than a Class "P" one	f traval le porforme de les					
se of a State-owned vehicle, the word "Sta	ate" should be inserted in the "Map Mileage Claimed" colu	mn on the reverse side of this form, and the above section designated as "Trav	ed Performed by Common Carder or State Vehicle* or	culd be completed					
ging is paid by the use of the State of Flori	ida Purchasing Card, the words "Purchasing Card" should	be inserted in the "Per Diem or Actual Lodging Expenses" column on the rever	se side of this form, and the above section designator	t as "State of Florida					
chasing Card Charges" should be complete	id, Inddental travel expenses which may be reimbursed i	ndude: (a) reasonable taxi fare; (b) ferry fares and bridge, road, and tunnel toits	( c) storage and parking fees (d) telephone and tele	Graph expenses: (a) convention or					
onference registration fee. If meals are inclu-	ded in the registration fee, per diem should be reduced a	ecordingly. Receipts should be obtained when required. The official Departmen	nt of Transportation map should be used in computing	mileage from point					
origin to destination whenever possible. Wi	hen any State employee is stationed in any city or town for	r over 30 continuous work days, such city or town shall be deemed to be his off	icial headquarters and he shall not be allowed her dien	n or subsistence after the					
eriod of 30 continuous work days has elapse	ed, unless extended by the approval of the agency head.	If travel is to a conference or convention, the "Stonement of Benefits to the Stat	e" section must be completed or a copy of the Authors	Dation to Incur Travel Expense.					