

TAYLOR COUNTY SCHOOL BOARD

TRAVEL VOUCHER

DISTRICT EMPLOYEE

FOR REIMBURSEMENT OF OUT-OF-COUNTY TRAVEL EXPENSES

PAYEE: _____ VENDOR NUMBER#: _____ SCHOOL/DEPARTMENT: _____

DATE(S) MO/DA/YR	HOUR OF DEPARTURE (Time left from official headquarters)	HOUR OF RETURN (Time returned to official headquarters)	FROM POINT OF ORIGIN (Official headquarters upon departure)	TO DESTINATION (Location of meeting)	OVERNIGHT STAY ONLY CHECK ONLY ONE OF THE BELOW!		MEALS CLASS C TRAVEL ONLY (NO OVERNIGHT STAY!)	AUTO MILEAGE (OFFICIAL MAP MILEAGE)	OTHER EXPENSES (ATTACH RECEIPT(S) FOR ALL BUT VICINITY MILES) (Registration, airfare, taxis, tolls, etc. Vicinity miles required explanation)	
					PER DIEM NO RECEIPT REQUIRED	ROOM RATE & MEALS SINGLE OCCUPANCY RATE (RECEIPT REQUIRED)			AMOUNT	TYPE OF EXPENSE
TEMPORARY DUTY REQUEST P.O.#: _____										
					\$	\$	\$	\$	\$	\$
					TOTAL PER DIEM	OR TOTAL ROOM RATE + TOTAL MEALS	TOTAL CLASS C MEALS	TOTAL MILEAGE AMOUNT	TOTAL OTHER EXPENSES	TOTAL TRAVEL EXPENSES

TOTAL MILES @ \$1.00/mi.

PURPOSE OF TRAVEL: _____ (Agenda of meeting/conference must be attached.)

MODE OF TRANSPORTATION: OWN CAR ___ To Meeting ___ RODE WITH: _____ COMMON CARRIER: _____
To Airport ___ (Airline or Rental Car Company)

SCHOOL BOARD PURCHASE ORDER NUMBERS USED:

AIR FARE: _____ HOTEL: _____
 REGISTRATION _____ RENTAL CAR _____ OTHER _____

MEETING HEADQUARTERS _____
 LOCATION _____
(Name of Hotel, Motel, Center, etc.)
 (City and State)

CHARGE TO BUDGET LINE ITEM(S):

FUND	FUNCTION	OBJ	CENTER	PROJECT	PGM	AMOUNT
---	----	332	----	-----	---	\$ _____
---	----	332	----	-----	---	\$ _____

ACCT: _____ VENDOR#: _____

ACCOUNTS PAYABLE USE ONLY

INV. DATE: _____ AMOUNT \$ _____
 Approved by: _____ DATE: _____

Payee certifies that this travel claim is true and correct; that the expenses were actually incurred in necessary travel performance of official duties; and same conforms to requirements of Section 112.061, Florida Statutes, and Administrative Policy of the Taylor County School Board.

PAYEE SIGNATURE _____ DATE _____

TITLE _____

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 and/or district and was performed for the purposes stated above.

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISOR TITLE _____

* Class C meals are taxable due to I.R.S. regulations. The amount claimed will be added to your W-2 earnings. It is your option to claim or decline the meals. If you choose to decline claiming the meals, please specify above by writing "not claiming" in the Class C Meals column.