

SUMTER COUNTY SCHOOL BOARD TRAVEL REIMBURSEMENT VOUCHER

Traveler: _____

Title: _____ Emp# _____

Work Center: _____

Passengers: _____

Traveled From: _____ To: _____
Point of Origin Destination

Purpose of Travel: _____ Location of Activity(Hotel, etc): _____ Driver of Vehicle: _____

(B) Breakfast: \$6.00 (travel begins **before** 6AM and extends **beyond** 8AM)
(L) Lunch: \$11.00 (travel begins **before** 12PM and extends **beyond** 2PM)
(D) Dinner: \$19.00 (travel begins **before** 6PM and extends **beyond** 8PM)

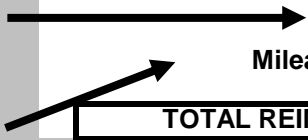
Meals and Mileage			Check meals "x" to be reimbursed			Mileage	
Date	Hr. Departed	Hr. Returned	B	L	D	Total	Claimed
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

Other Travel Expenses (Total Amounts)	
Lodging	_____
Airfare	_____
Car Rental	_____
Parking/Tolls	_____
Registration	_____
Other (please specify):	_____
Per Diem	_____
Total Other Travel Expenses:	_____
Meals Total:	_____
Mileage Reimbursed	_____
TOTAL REIMBURSEMENT : \$	_____

Note:
ITEMIZED RECEIPTS
must be attached for reimbursable
expenses other than meals

**Meal reimbursement for
overnight travel only**

Meals Total: -
Total Mileage Claimed: -
Mileage Reimbursed \$ -



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.

Traveler's Signature _____ Date _____

FUND FUNC OBJT CNTR PROJ SUBP _____

Administrator's Signature _____ Date _____

Approved By: _____ Date _____

Leave form on file

**This Travel Reimbursement Form utilizes formulas to automatically
calculate the total reimbursement owed to the traveler.**

1. Get the approval of your supervisor or principal for travel expenses.
Complete the personal section, including name, employee title and employee number.
Work Center is usually the place you are assigned. (example South Sumter Middle School)
2. Enter the place where you began your travel (usually your work center), your destination and all passengers.
3. List purpose of travel, location and driver of vehicle
4. Enter EACH date of travel on a separate line. Indicate the EXACT TIME of departure and arrival, include AM or PM
5. MEALS: **Meal reimbursement is only allowed for overnight travel.**
Time of travel determines which meals may be claimed for reimbursement as follows:
Check your arrival and departure times to see if you qualify for meals.
 \$6.00 Breakfast: You must leave **BEFORE** 6:00 AM and return **LATER THAN** 8:00 AM
 \$11.00 Lunch: You must leave **BEFORE** 12:00 NOON and return **LATER THAN** 2:00 PM
 \$19.00 Dinner: You must leave **BEFORE** 6:00 PM and return **LATER THAN** 8:00 PM
These are the maximum you may claim for these meals.
Any meal provided at the conference and included in the cost of registration must not be included for reimbursement.
6. AUTO MILEAGE: (Claimed by the Driver only).
Use the official Florida Highway Map Mileage to determine the EXACT mileage between the two cities of travel.
If mileage is more to the place of the meeting, you **must** list the additional mileage as vicinity miles.
(the vicinity miles can be claimed for official business only)
www2.dot.state.fl.us/citytocitymileage
Mileage rate for reimbursement is 44.5 cents per mile.
7. OTHER EXPENSES: (YOU MUST HAVE A RECEIPT FOR THESE)
This will include such items as conference registration, tolls, parking, etc.
8. Be sure to sign, date and fill in funding source. Be sure you have a leave form approved and turned in and the appropriate box has been checked. Have your supervisor sign and send it to the project manager.
9. Forward to SR. Director for final approval.

BE SURE TO ATTACH ALL RECEIPTS AND A COPY OF THE AGENDA OR PROGRAM.
SUBMIT TO COUNTY OFFICE BY THE 10th OF THE MONTH FOLLOWING TRAVEL
If the 10th falls on a non-working day, travel must be submitted on the first work day prior to the 10th

NOTE: See the Sample Sheet for additional guidance.

ALTERNATIVE REIMBURSEMENT METHOD

PER DIEM is computed as follows and should be listed separately for each day. (May be used for overnight travel only)

12:00 Midnight to 6:00 AM
6:00 AM to 12:00 Noon
12:00 Noon to 6:00 PM
6:00 PM to 12:00 Midnight

Each count as one quarter,

Each quarter is paid at a rate of \$20.00 per quarter, or a total of \$80.00 per day.

Most people will receive a greater reimbursement by the first method of reporting expenses.

**SUMTER COUNTY SCHOOL BOARD
TRAVEL REIMBURSEMENT VOUCHER**

Traveler: Denny Hamlin

Title: A/P Intern. Emp# 00000

Work Center: County Office

Passengers: None

Traveled From: C/O To: Tampa
Point of Origin Destination

Purpose of Travel: A/P workshop Location of Activity(Hotel, etc): Hilton Conv.Hall Driver of Vehicle: Self

Meals and Mileage			Check meals "x" to be reimbursed			Mileage
Date	Hr. Departed	Hr. Returned	B	L	D	Total Claimed
2/1/09	5:30AM		X	X		17.00 59.00
Vicinity	miles					- 5.00
2/2/09		3:00PM	X			6.00 59.00
						-
						-
						-
						-
						-
						-
Meals Total:						23.00
Total Mileage Claimed:						123.00
						0.445
Mileage Reimbursed \$						54.74

SAMPLE ONLY

Other Travel Expenses (Total Amounts)	
Lodging	_____
Airfare	_____
Car Rental	_____
Parking/Tolls	1.50
Registration	_____
Other (please specify):	_____
Per Diem	_____
Total Other Travel Expenses:	1.50
Meals Total:	23.00
Mileage Reimbursed	54.74
TOTAL REIMBURSEMENT : \$	79.24

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.

FUND FUNC OBJT CNTR PROJ SUBP _____

Approved By: _____ Date _____

Traveler's Signature _____ Date _____

Administrator's Signature _____ Date _____

Leave form on file