

The School District of Escambia County
Travel Voucher Reimbursement Claim - SUBMIT WITHIN 90 DAYS (of end of trip)

From: _____
(Employee Name)

Social Security # (last 4 digits only): XXX-XX-_____

(Home Address)

(City/State/Zip)

I hereby request per diem and/or reimbursement for travel expenses incurred by me in the discharge of official duties as shown in the itemized statement below.

Schedule of Expenses and Itinerary of Traveler

To (Destination): _____

For (Purpose of Trip): _____

Departure from Official Headquarters: Date: _____ Time: _____ am/pm

Return to Official Headquarters: Date: _____ Time: _____ am/pm

Itemized Expenditures	Amounts Claimed			
	(A) Paid With District Visa Card	(B) Paid By District (Prepay, Avis, etc.)	(C) Paid By Internal Funds	(D) Paid By Traveler
Airfare				
Rental Car				
Gas For Rental Car (or district vehicle)				
Personal Vehicle (mileage or cost of rental) Miles: _____ x \$ 0.445 per mile				\$ -
Tolls, Parking, Taxi, Checked Baggage (1 Bag per traveler)				
Hotel (including hotel parking)				
Meals; Breakfast \$6 Lunch \$11 Dinner \$19 # of meals provided by conference B__ L__ D__				
Registration				
TOTALS	\$ -	\$ -	\$ -	\$ -

Budget Coding							
Fund (4)	T	Function (4)	Object (4)	Facility (4)	Project (5)	Subproject (5)	Program (5)

Total Amount Of This Claim (A+B+C+D)	\$ -
Less: Amounts Paid By District Visa Card (A)	\$ -
Less: Amounts Paid Direct By District (B)	\$ -
Less: Amount Being Funded By Internal Funds	
Acct 1 \$ Less: Unauthorized Expenses	
Acct 2 \$ Less: Class C Meals	
Amount To Be Reimbursed To Internal Funds	\$ -
Amount To Be Reimbursed To Traveler	\$ -

Whoever shall receive an allowance or reimbursement by means of a false claim shall be civilly liable in the amount of the overpayment for the reimbursement of the public fund from which the claim was paid. Section 112.061(10), Florida Statutes.

I hereby certify that this accounting and statement of travel is true and just in all respects and that payment has not been received.

(SIGNATURE)

(TITLE)

(DATE SUBMITTED)

Department Head Approval: Date: _____ Signature: _____	Superintendent's Approval: Date: _____ Signature: _____
Audited & Approved For: _____ Audited By: _____ Reviewed & Approved By: _____	