When completing this travel voucher, do not print until Object Codes Total equals Net Amount Due.

Save | Save & Close | Rename | Cancel | Clear

STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

Click here to view new travel rates

Traveler:________ SSN:________

Address:________ Headquarters:________

City:________ State: FL Zip:________ City of Residence:________

Mark One: ☐ Regular Employee ☐ OPS employee ☐ Non-employee/Independent Contractor Special Shift Hours:________

Date 2008	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Class A and B Meals	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type
			M							
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For CLIENT travel only, attach form CF 19 if common carrier is used.

Also, SEE GENERAL AND SPECIAL INSTRUCTIONS ON PAGE 2.

Use this form to request payment for traveling done ON OR AFTER 7/1/2006. Do not use this form to request payment for traveling done PRIOR TO 7/1/2006.

Column Total	Column Total	Column Total	0 Miles @ 44.5 ¢/mile	Column Total	SUMMARY TOTAL
0.00	0.00	0.00	0.00	0.00	0.00

REGULAR/OPS EMPLOYEE ONLY - LESS CLASS C MEALS	(0.00)
Less Advance	( )
Plus Supplemental Page(s)	
Less non-reimbursable items included on purchasing card	( )
NET AMOUNT DUE	0.00

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; 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.

Preparer's Name:________

Preparer's Phone No.:________

Do not print until Object Codes Total equals Net Amount Due

TRAVELER'S SIGNATURE:________ TITLE:________ DATE: Enter date when signed

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.

SUPERVISOR'S SIGNATURE:________ Go Back To Top of form TITLE:________ DATE APPROVED: Enter date when signed

TR 51 SEL S

ORG CODE 60 EO ____ VR ____ CF ____

Payee's SSN________ OCA ________

OBJECT	AMOUNT	OBJECT	AMOUNT
26		26	
26		26	
26		26	
26		26	
26		26	

FOR FISCAL OFFICE USE:

Invoice No.:________

Voucher/SWD No.:________

RF Ck./Warrant No.:________

RF Ck. Warrant Date:________

Object Codes Total: $0.00

Do not print until Object Codes Total equals Net Amount Due

DFS-AA-15, PDF 7/2006