STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

NOTE: USE THIS FORM FOR ALL TRAVEL AFTER 07/01/2006

Check One: ☐ Officer/Employee ☐ OPS ☐ Nonemployee/ind. Contractor

TAR #	TRAVELER PANTHER ID	TRAVELER NAME	AGENCY	HEADQUARTERS	RESIDENCE (CITY)	SITE	FUND	PROGRAM
						-	-	
						Dept ID / Proj ID		

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses Amount	Other Expenses Type
				No Mea		Effective July 1, 2002 Class C expenses are not reimbursed				None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
				No Mea						None
Statement of Benefits to the State: (Conference or Convention)				Column Total	Column Total	Column Total	Total Miles = Paid at : $0.445		Column Total	Summary Total

Revolving Fund:

Check No.: _____

Check Date: _____

Agency Voucher No.: _____

Advance:

Warrant No. _____

Warrant Date: _____

Statewide Doc. No.: _____

Agency Voucher No.: _____

Less Advance Received	
Less Class C Meals (*Official Employees Only*)	$0.00
Less Non-Reimbursable items included on Purchasing Card	$0.00
Net Amount Due Traveler	
Net Amount Due The State	**$0.00**

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 with the requirements of Section 112.061, Florida Statutes.

Traveler's Signature: _____ **TRAVELER'S TITLE**

Date Signed:

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 the purpose(s) stated above.

Supervisor's Signature _____ Panther ID: _____

Supervisor's Title: _____

Signature Date: Telephone #

Form DBF-AA-15 (Rev. 06/97)

DIRECT BILLED ITEMS (CARRIER, RENTAL CAR, REGISTRATION, ETC.)