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

Clear

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVELING EXPENSES

Click here to view 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							
			M							
			M							