FB-042
Rev 03/2016

SUMTER COUNTY SCHOOL BOARD
TRAVEL REIMBURSEMENT VOUCHER

Traveler: _____
Print name

Title: _____ **Emp#** _____

Work Center: _____

Traveled From: _____ **To:** _____ **Passengers:** _____
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

Date	Hr. Departed	Hr. Returned	B	L	D	Total	Mileage Claimed
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

Check meals "x" to be reimbursed

Meals Total: -

Total Mileage Claimed: -

0.445

Mileage Reimbursed $ -

Meal reimbursement for overnight travel only

Other Travel Expenses (Total Amounts)

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

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

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 entered in Skyward ☐ Agenda attached ☐

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 (**Point of origin**, usually your work center), your destination and all passen
   "Point of origin" means the geographic location of the traveler's official headquarters or the geographic location where tr
   whichever is lesser distance from the destination. (Refer to Attorney General Opinion 75-275)
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 your leave has been entered and approved in Skyward. Be sure t
   Check the leave entered box. Have your supervisor sign and send it to the project manager for approval.
9. Attach agenda and mark the agenda attached box.

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.

FB-042
Rev 06/10

SUMTER COUNTY SCHOOL BOARD

TRAVEL REIMBURSEMENT VOUCHER

Traveler: Denny Hamlin

Title: A/P Intern. **Emp#** 00000

Work Center: County Office

Traveled From: C/O (Point of Origin) **To:** Tampa (Destination) **Passengers:** None

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

Meals and Mileage

Date	Hr. Departed	Hr. Returned	B	L	D	Total	Mileage 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
						-	
						-	
						-	
						-	
						-	
						-	
						-	

Check meals "x" to be reimbursed

SAMPLE ONLY

Meals Total: 23.00

Total Mileage Claimed: 123.00

0.445

Mileage Reimbursed $ 54.74

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.

Traveler's Signature Date

FUND FUNC OBJT CNTR PROJ SUBP

Administrator's Signature Date

Approved By: Date

Leave form on file ☐