NAME:		HEADQUARTERS:			
PROGRAM: MONTH:		YEAR:			
DATE	FROM	ТО	MILES TRAVELED	PURPOSE OF TRIP/GROUP OR STUDENTS INVOLVE	
DATE	TROM	10	TRAVELED	TUKI ÜSE ÜF TKII/ÜKÜÜT ÜK STÜDENTS INVÜLVEI	<u> </u>
-	TOTAL MILES: Pag	ge 1			
of the agency; any meals or matter and same conforms i	lodging included in a conference of in every respect with the requirement	r convention registration fee have been d nt of section 112.061, Florida Statutes.	educted from this travel claim; and	official duties; attendance at a conference or convention was directly related to official duties that this claim is true and correct in every material	
Payee Signature	:		Date prepared:		
Title:		_			
THIS FORM MU	ST BE SUBMITTED F	FOR PAYMENT BY the te	nth of the month follow	ving each quarter.	
			-	fficial business of State of Florida and was performed for the purpose(s) stated above:	
Supervisor Si	gnature:				
County use on	ıly:				
		oved for Payment: _		Date Approved:	Pag

Page 1 of 4

NAME:		HEADQUARTERS:		_	
PROGRAM:					
MONTH:		– YEAR	•		
DATE	FROM	ТО	MILES TRAVELED	PURPOSE OF TRIP/GROUP OR STUDENTS INVOLVED	
DATE	FROM PAGE	_			
	TROMTTOL				
-	TOTAL MILES: Pag				
of the agency; any meals or	lodging included in a conference o		en deducted from this travel claim; a	y official duties; attendance at a conference or convention was directly related to official duties nd that this claim is true and correct in every material	
Payee Signature:			Date prepared: _		
Title:					
THIS FORM MUS	ST BE SUBMITTED F	FOR PAYMENT BY the	tenth of the month follo	owing each quarter.	
Pursuant to Section 112.06	(3)(a.), Florida Statutes, I herby	certify or affirm that to the best of my	knowledge the above travel was or	official business of State of Florida and was performed for the purpose(s) stated above:	
Supervisor Si	gnature:				
County use on	lv:				
~		roved for Payment:		Date Approved:	Page 2 of 4
		<u> </u>			-

NAME:		HEADQUARTERS:		_	
PROGRAM:					
MONTH:		YEAR:			
DATE	FROM	ТО	MILES TRAVELED	PURPOSE OF TRIP/GROUP OR STUDENTS INVOLVED	
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· · · · · · · · · · · · · · · · · · ·	TOTAL MILES: Pa	ges 1, 2 & 3			
I hereby certify or affirm that of the agency; any meals or	t the above expenses were actuall lodging included in a conference of	y incurred by me as necessary traveling	deducted from this travel claim; an	y official duties; attendance at a conference or convention was directly related to official duties nd that this claim is true and correct in every material	
Payee Signature:			Date prepared: _		
Title:					
THIS FORM MUS	ST BE SUBMITTED I	FOR PAYMENT BY the t	enth of the month follo	owing each quarter.	
Pursuant to Section 112.061	(3)(a.), Florida Statutes, I herby	certify or affirm that to the best of my k	nowledge the above travel was on	official business of State of Florida and was performed for the purpose(s) stated above:	
Supervisor Sig	gnature:				
County use on	ly:				
Amount:	App	roved for Payment:		Date Approved:	Page 3 of 4

NAME:		HEADQUARTERS:			
PROGRAM: MONTH:		YEAR:			
DATE	FROM	ТО	MILES TRAVELED	PURPOSE OF TRIP/GROUP OR STUDENTS INVOLVED	
	FROM PAC	GE 3			
					—
	TOTAL MILES:	Pages 1, 2, 3 & 4			
of the agency; any meals or	lodging included in a confere			official duties; attendance at a conference or convention was directly related to official duties that this claim is true and correct in every material	
Payee Signature: Date prepared: Title:					
-		ED FOR PAYMENT BY the te	nth of the month follow	ving each quarter.	
				fficial business of State of Florida and was performed for the purpose(s) stated above:	
Supervisor Si	gnature:				
County use or	ıly:				
		pproved for Payment: _		Date Approved:	Pag

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