

MONTH: YEAR:

[illegible]

Page 1 of 4

PROGRAM: _____

[illegible]

Title:

Supervisor Signature: _____

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NAME: _____ HEADQUARTERS: _____

PROGRAM: _____

MONTH: YEAR:

[illegible]

TOTAL MILES: Pages 1, 2, 3 & 4

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any 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 requirement of section 112.061, Florida Statutes.

Payee Signature: _____ Date prepared: _____

Title:

THIS FORM MUST BE SUBMITTED FOR PAYMENT BY the tenth of the month following each quarter.

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 State of Florida and was performed for the purpose(s) stated above:

Supervisor Signature: _____

County use only:

Amount: _____ Approved for Payment: _____ Date Approved: _____