Washington County School Board
Voucher for Reimbursement of Travel Expenses

Name: _____

Employee ID: _____

Cost Center _____

Home Address:

Select One: ☐ Officer/Employee ☐ Non-Employee/Ind. Contractor

Date	Point Of Origin	Destination	Purpose or Reason	Departure Time	Return TIme	Class A & B Meals	Per Diem or Actual Lodging Expenses	Class C Meals	Map Milage Claimed	Vicinity Mileage Claimed	Other Expense Amount	Other Expense Type

Class A Travel - Continuous travel of 24 hours or more away from official headquarters.
Class B Travel - Continuous travel of less than 24 hours which involves overnight absence from official headquarters.
Class C Travel - Travel for short or day trips where the traveler is not away from his official headquarters overnight.

Cost Per Mile	Total	Total	Total	Tot Miles		Total	Summary
$0.445					$0.00		$0.00
					(Officers/ Employees Only)	Less Class C Meals:	
						Net Amount Due:	$0.00

I hereby certify or affirm that the above expenses were actually incurred by me as necessary travel expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties or 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 requirements of Section 112.061, Florida Statues.

Traveler's Signature _____ Title _____ Date Prepared _____

Pursuant to Section 112.061(3)(a), Florida Statutes, I herby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida and was performed for the purpose(s) stated above.

Supervisor's Signature _____ Title _____ Date Approved _____

QUARTERS: 12:00 Midnight - 6:00am; 6:00am - 12:00 Noon; 12:00 Noon - 6:00pm; 6:00pm - 12:00 Midnight

Fund	Function	Object	Cost Center	Project	Program	Amount