Overnight				Purpose of Travel (Name of	Lodging Expense	Meals Reimbursement			Mileage Reimbursement		*Other Expenses		
	Trip?	Time of	Time of	Travel Performed: Point of	Meeting, Conference,	(Please Attach	Breakfast	Lunch	Dinner	# of Map	# of Vicinity		Type (Parking, tolls,
Travel Date	Y/N	Departure		Origin and Destination	Training, etc)	Receipt)	\$6.00	\$11.00		Miles	Miles	Amount	car rental, etc)
	.,	Departure	rictarri	01.g. 11. a 1 a 2 a 3		ποσοιρογ	ψο.σσ	Ψ11.00	ψ13.00	IVIIICS	WIIICS		cui rentui, etcj
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			1				1	1		1			
			Total Lodging	_	Total N	leals	-	>	Total Other E	xpenses	-		
*Other Expenses - Please attach receipts for any items that were \$25.00 or mor					10141 110410				Tot	al Miles	-		
					200					Mileage			
Other Exper	ises - Piease	attachirece	ipis ioi aliy	titerns that were \$25.00 or inc	ne.				TOLA	ivilleage	-	J	
I houshy contify on off	Same that the above o	umancac urana catual	Urr in around by ma	on management travel averages in the marformance	of any official duties attendence at a conference on	convention was discotly soluted to	o official duties of	T			1= 1-		٨
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										al Travel Expens		\$ -	
with requirements of Section 112.061, Florida Statutes.											ss Travel Advanc		\$ -
											ount Owed to Ti		\$ -
TRAVELER'S NAME: TRAVELER'S SIGNATURE:						_			Remair	ning Advance Ba	lance	\$ -	
DATE PREPAR	RED:			TITLE:			_						
											_		
	Pursuant to Se	ction 112.061 (3) (a	a), Florida Statutes	s, I hereby certify or affirm that to the best of my	knowledge the above travel was on official busines	s of the State of Florida and was	performed for the p	urpose(s) state	ed above.				
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SUPERVISOR	R'S SIGNATU	RE:				_							
SUPERVISOR	R'S TITLE:					_							
SIGNATURE	DATE:												