HERNANDO COUNTY SCHOOL DISTRICT

IN-COUNTY MILEAGE VOUCHER
Personal Vehicles Only

Finance Use Only

Account Number
To Be Charged _____

Cost Center _____

Send Check To:
If different than account number location.

Employee Name _____

Employee Number _____ For the month of _____

Visitations

Date	Total Miles*	check if round trip	TO Location	FROM	Purpose
TOTAL MILES	0		*mileage from approved mileage matrix		

I certify that the information submitted on this form is true and correct and that the miles traveled were necessary in the performance of my official duties and that this voucher conforms in every respect with the requirements of F.S. 112.061(11)(b). I have read, and agree to comply with all provisions of the Hernando County School District's Safe Driver Plan.

Reimbursement cannot be made from home to the first destination of each day or from the last destination to home since this is considered commuting.

@ .67¢ per mile
Total amount due $ 0.00

Payee: _____ _____
Name Printed Signature

_____ _____
Administrator Date

SO-FIN-014
Jan 2024
Online Only