

DIRECTIONS:

1. List each day separately.
2. Give city of origin and city of destination, or city of activity.
3. Give purpose or reason, i.e. name of conference.
4. Give time of departure and return on the appropriate day respectively.
5. Give map mileage claimed between cities on the appropriate day and
 - a. If air fare is claimed, complete item #10, or
 - b. Indicate with whom you rode (no mileage will be allowed).
6. Indicate the number of vicinity mileage claimed, if any, on each appropriate day.
7. Per diem shall be computed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of 24 hours or more will be calculated on the basis of 6-hour cycles, beginning at midnight; less than 24-hour travel will be calculated on the basis of 6-hour cycles, beginning at hour of departure from official headquarters.
8. If actual expenses are claimed **in lieu of per diem**, a hotel/motel bill must be attached. The amount of the reimbursement shall not exceed the single room rate.
9. If meals are claimed **in lieu of per diem**, indicate as appropriate the following rates:
(Please note that only overnight travel meals are reimbursed.)

(B) Breakfast - \$6.00 - when travel begins before 6 a.m. and extends beyond 8 a.m.
(L) Lunch - \$11.00 - when travel begins before 12 Noon and extends beyond 2 p.m.
(D) Dinner - \$19.00 - when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.
10. Certain other expenses may be reimbursed when receipts are attached. **If conference or registration fees include any meals, the reimbursement requested MUST be reduced in accordance with the amounts in item 9 above.**
11. Give the amount of reimbursement claimed for each category and the grand total.
12. Indicate proper account number to be charged (should match your attached Temporary Duty Leave Form).
13. Read and sign this certificate.
14. Have the appropriate administrator sign and submit the form to the Superintendent's Office, Finance Department. All requests for reimbursements will be reviewed for accuracy and legality.

HERNANDO COUNTY SCHOOL DISTRICT
Voucher for Reimbursement of Traveling Expenses

To be completed in accordance with approved "Request for Leave" form.

SEE DIRECTIONS ON BACK

Payee (Printed) _____

Employee ID No. _____

Cost Center _____

Date	Travel Performed From Point of Origin to Destination From: To:	Purpose or Reason (Name of Conference)	Time of Departure/Time of Return	Expenses Claimed (see reverse for allowances)								
				(1) Map Mileage	(2) Vicinity Mileage	(3) Per Diem	(4) Hotel	(5) Meals			(3) (4) & (5) Daily Totals	
						\$	\$	\$	\$	\$	\$	
			AM/PM									
			AM/PM									
			AM/PM									
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			AM/PM									
<i>If additional pages are needed, cut all but last sheet on this line.</i>			TOTAL MILES									
(6) Other Expenses (Receipts must be attached) Air Fare \$ _____ Tolls \$ _____ Registration \$ _____ Parking \$ _____ Other (List) _____ \$ _____ TOTAL OTHER \$ _____			SUB TOTALS									
			I hereby certify or affirm that above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; I have read, and agree to comply with all provisions of the Hernando County School District's Safe Driver Plan; attendance at a conference or convention was directly related to the official duties of the agency; <u>any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim</u> ; 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 Statutes.							SUB TOTAL FROM OTHER (6) \$		
										GRAND TOTAL \$		
										<i>[ITEMS (1) THROUGH (6)]</i>		

ACCOUNT TO BE CHARGED

PAYEE SIGNATURE: _____ DATE PREPARED: _____

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 the School Board of Hernando County and was performed for the purpose(s) stated above.

PRINCIPAL/SUPERVISOR SIGNATURE: _____ DATE PREPARED: _____

PROJECT DIRECTOR IF APPLICABLE: _____ DATE PREPARED: _____