

**SCHOOL BOARD OF MANATEE COUNTY
TRAVEL EXPENSE VOUCHER & REPORT OF LEAVE**

Advance Reimbursement Daily Class C Meals REPORT ONLY
(Instructions on Reverse Side - Use MIS Form 41-00010A for Continuation)

PAY TO (VENDOR): _____

TRAVEL METHOD: Personal Car Other Car County Vehicle Airline Other

OTHER PASSENGERS IN CAR: _____

REIMBURSEMENT FROM OTHER SOURCES ANTICIPATED: YES NO

DATE	ORIGIN TO DESTINATION	DEPART & RETURN TIMES	PER DIEM ACTUAL	MEALS	MILEAGE CLAIMED	INCIDENTAL COSTS AMT.	CODE
TOTAL MILES							
COLUMN TOTALS			\$	\$	\$	\$	
TOTAL OF FOUR COLUMNS						\$	
LESS AMOUNT PAID ON ADVANCE CHECK # _____						\$	
GRAND TOTAL DUE						\$	

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by me as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Florida Statutes 112.061.

DATE EMPLOYEE NAME (PRINT) EMPLOYEE SIGNATURE

EXT.# SCHOOL OR DEPARTMENT EMPLOYEE NUMBER

APPROVED: _____
IMMEDIATE SUPERVISOR/PRINCIPAL MAILING ADDRESS

DIRECTOR MEETING ATTENDED

BUSINESS UNIT	OBJECT	FUNCTION	AMOUNT	VENDOR #

BRIEF REQUIRED REPORT OF THE MEETING ATTENDED:

