

## **DEP Voucher For Reimbursement of Travel Expenses**

Traveler: Org Code: EO: Module/OCA: Grant:													
Residence:	HQ:	Project:					08/14 Cat/Yr:						
Preparer: Phone:													
P-Card User Registration Paid By State Meals Were Provided Non DEP Employee Div/Bureau/Office/Park:													
1 dara d	Registration Falla by State	Hour of						1	Мар	Vicinity			
	Travel Performed From	Purpose or Reason	Departure/Return	Meals for Class A&B	Per	Lodging		Car	Mileage	Mileage	In	cidentals	
DATE	Point of Origin to Destination	(Name of Conference)	xx:xx am/pm	Travel	Diem	Expense	Air Fare	Rental	Claimed	Claimed	Amount	Туре	
* This travel	has been determined to be age	ency mission critical. See attache	ed for statement, de	eterminatio	n and/or a	approvals.							
Justify Car	/ Car				Column	Column	Column	Column			Column	SUMMARY	
Benefits to	'			Column					-				
				Total	Total	Total	Total	Total	@	\$0.445	Total	TOTAL	
State													
I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the perform						Section 112.061	on 112.061(3)(a), Florida Statutes, I hereby certify			Less Cash Advance Less Pcard Charges			
my official dutie	es; attendance at a conference or conver	neals or	affirm that to the best of my knowledge the above travel was on offi business of the State of Florida and was performed for the purpose					ai					
lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statu						stated above.							
,						* If negative, traveler owes DEP							
Traveler's T	itle:		Supervisor's Title:										
			Deceriation										
Date	Merchant/Vendor or Agency Description											Amount	
	Pick Up Phor	ne #:	Mail Address:										
									Total Sta	to Paid/Po	ard Charges		