VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES 5 CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE IND. CONTRACTOR OPS Travel Performed From Point of Origin To Destination Purpose or Reason (Name of Conference) Per Diem Class Mate Vicinity Mileage Claimed Claimed Claimed Travel Expenses Purpose or Reason (Name of Conference) Purp	er Expenses Type 16
Travel Performed DATE From Point of Origin From Po	Туре
DATE From Point of Origin Purpose or Reason Departure Class or Actual C Mileage Other To Destination (Name of Conference) And Hour of Return Travel Expenses Amount Amount	Туре
To Destination (Name of Conference) And Hour of A & B Lodging Meals Claimed Claimed Amount Amount	Туре
Return Travel Expenses Amount	
7 8 9 10 11 12 13 14 15	16
Statement of Benefits to the State: (Conference or Convention) Column Column Column Column	
Column Column Column Column Column	Summary
Total Total Total 44.5 ¢ Mi. Total	Total
	23 .
Revolving Fund: Advance: LESS ADVANCE RECEIVED	
Check No. LESS CLASS C MEALS (Officers/Employees Only) \$	-
Check Date LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD	
Agency Voucher No. Statewide Doc. No. NET AMOUNT DUE TRAVELER \$	24 0.00
Agency Voucher No. NET AMOUNT DUE THE STATE \$	0.00
hereby certify or affirm and declare that this claim for reimbursement is true and correct in even material matter, that to the best of my knowled pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowled	edge
incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of	
Section 112.061, Florida Statutes SUPERVISOR'S SIGNATURE: 28	
TRAVELER'S SIGNATURE: 25	
SIGNATURE DATE: 26 TITLE: 30	
FOR AGENCY USE:	
Form DEG /	-AA-15 (Rev. 07/06)

VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

- 1. Traveler Traveler's first name, middle initial and last name. (Include Jr., Sr., etc.).
- 2. Agency Enter "Justice Administrative Commission Court Appointed Counsel Program."
- Social Security Number Traveler's social security number or Federal Tax ID Number can be allowed to substitute for the social security number
- 4. Headquarters City in which traveler works or is assigned.
- 5. Traveler Type Check "Non-employee Independent Contractor"
- 6. Residence City Type in city in which you live.
- 7. Date Start date of travel through end of travel period.
- 8. Travel Performed List from point of origin to point of destination (city to city) and the return for each trip.
- Purpose or Reason Purpose or reason for trip. When there are several trips on one travel voucher, the purpose or reason for each trip must be shown.
- 10. Hour of Departure and Hour of Return The time departed and time returned for each trip including A.M. or P.M.
- 11. Meals Calculate the meal allowance by the hour of departure and return for each day. If any meals are provided please mark complimentary; no reimbursement will be allowed. Breakfast \$6: When travel begins before 6 a.m. and beyond 8 a.m.; Lunch \$11: When travel begins before 12 p.m. and beyond 2 p.m.; Dinner \$19: When travel begins before 6 p.m. and beyond 8 p.m.
- 12. Actual Lodging Expenses Reimbursement is allowed at a single occupancy rate with paid receipt. Any in-state hotel rate in excess of \$150.00 per night (room rate only) or expense claimed when travel distance is less than 50 miles must be justified.
- 13. Map Mileage Claimed If using a privately owned vehicle, the official Department of Transportation highway mileage from point of origin to destination (city to city) must be used. See link to website: http://www.dot.state.fl.us/planning/statistics/hwydata/intercity.shtm. If city to city mileage is not provided use www.mapquest.com enter address for departure and destination address, provide printout when submitting reimbursement voucher.
- 14. Vicinity Mileage Claimed The mileage necessary before leaving your point of origin, such as trip to airport or to pick up rental car, etc. If using privately owned vehicle, the mileage necessary while at the destination. A lump sum total for the entire trip will not be accepted.
- 15. Other Expenses List separately, each amount of allowable incidental expenses incurred while traveling, e.g., airfare, tolls, cab fare, etc.
- 16. Other Expenses List separately, each type of all allowable incidental expenses incurred while traveling, e.g., airfare, tolls, cab fare, etc.
- 17. Statement of Benefits to the State Leave this blank.
- 18. Column Total Total of all meals claimed for travel.
- 19. Column Total Total of actual lodging expenses claimed.
- 20. Column Total Total of all map and vicinity mileage claimed.
- 21. Column Total Total amount using the following calculation, Total Miles x \$0.445 each mile.
- 22. Column Total Other Expenses Total of all miscellaneous expenses claimed.
- 23. Summary Total Total of all columns as described in numbers 18 through 22.
- 24. Net Amount Due Traveler Total to be reimbursed for travel expenses.
- 25. Traveler's Signature Original signature of traveler.
- 26. Signature Date Date traveler signs the Voucher for Reimbursement of Travel Expenses.
- 27. Title The title of the traveler.
- 28. Supervisor's Signature Signature of Court-Appointed Counsel for the applicable case.
- 29. Supervisor's Title Please print or type attorney's name and official title.
- 30. Signature Date Date attorney signs the Voucher for Reimbursement of Travel Expenses.