



## Travel Expense Report

Employee	Report
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Business Purpose	Official Headquarters
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Benefit to the State/Grant	
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Start Dt:	Start Time:
End Dt :	End Time :

**Expense Lines**

Date	Expense Type	Payment Type	Amount	Additional Information	Merchant	Location

<p><b>Travelers Certification</b>                  I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter, that the travel expenses were actually 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</p>	
Employee Signature	Date
<p><b>Supervisor's Certification</b>                  Pursuant to Section 112.061(3) (0), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was for the purpose(s) stated above.</p>	
Approved By	Date

Employee Expenses	\$0.00 USD
Cash Advances Applied	0.00 USD
Non-Reimbursable Expenses	0.00 USD
Prepaid Expenses	0.00 USD
Amount Due to Supplier	0.00 USD
Amount Due to Employee	0.00 USD