

**SCHOOL BOARD OF BAKER COUNTY, FLORIDA**  
**VOUCHER FOR REIMBURSEMENT FOR OUT-OF-COUNTY TRAVEL**  
(Please see Reverse Side for Instructions)

Name of Payee							Mailing Address (PO Box, Street), State and Zip Code				
School or Department	FUND	FUNCTION	OBJECT	COST CENTER	PROJECT	PROGRAM	Check One: _____ Drove Personal Vehicle				
							_____ Rode with _____ Name				
DATE	Travel Performed from Point of Origin to Destination			Purpose or Reason (Name of Conference)		Hour of Departure and Return	Per Diem or Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses	
										<i>Attach Receipt</i>	
										Amount	Type
						M			*		
						M					
						M					
						M					
						M					
						M					
						M					
						M					
						M					
I hereby certify that above expenses were actually incurred by me as necessary traveling expenses. In the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of the District School Board of Baker County Policies.							_____ Miles		<b>TOTAL</b>		
							@ _____ per mile		<b>TOTAL</b>		
							*Reason				
<b>FOR FINANCE DEPARTMENT USE ONLY</b>											
Signature of Payee				Date Prepared			Per Diem or Meal Allowance    \$ _____ Mileage Allowance        \$ _____ Incidental Allowance     \$ _____ <b>TOTAL REIMBURSEMENT</b>  \$ _____  <b>VERIFIED BY:</b>				
I hereby certify that to the best of my knowledge; the above travel was on official business of the District School Board of Baker County, Florida and was performed for the purpose(s) stated above.											
SIGNATURE OF PRINCIPAL OR DEPARTMENT HEAD				DATE SIGNED							
_____				_____							

## GENERAL INSTRUCTIONS

CLASS A TRAVEL	(Per Diem)	Continuous travel of 24 hours or more away from official headquarters.
CLASS B TRAVEL	(Per Diem)	Continuous travel of less than 24 hours requiring overnight absence from official headquarters.
CLASS C TRAVEL	(Meals)	Travel for short or day trips not requiring overnight absence from official headquarters.

**Maximum allowances as follows:**

BREAKFAST	-	\$6.00	-	When travel begins before 6:00AM and extends beyond 8:00AM.
LUNCH	-	\$11.00	-	When travel begins before 12:00 NOON and extends beyond 2:00PM.
DINNER	-	\$19.00	-	When travel begins before 6:00PM and extends beyond 8:00PM , or when travel occurs during night-time hours due to special assignment.

(NOTE) No allowance shall be made for meals when travel is confined to the city or county of official headquarters or immediate vicinity. Per Diem shall be computed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of twenty-four (24) hours or more will be calculated on the basis of six (6) hour cycles, beginning at hour of departure from official headquarters.

Per Diem allowance is as follows:

\$80.00 per day (24 hour period) or actual expenses for lodging at the single occupancy rate plus meal allowances.  
\$20.00 per quarter or fraction thereof.

Hour of departure and hour of return **MUST** be shown for ALL travel if Per Diem or meals are claimed. "Vicinity" travel **MUST** appear in a separate column and state reason for vicinity travel claimed.

If travel is performed by the use of a county owned vehicle, the "County" will be inserted in the "Map Mileage Claimed" column on the reverse side of this form.

Incidental travel expenses which may be reimbursed include (a) Reasonable Taxi Fare; (b) Ferry Fares, and Bridge, Road and Tunnel tolls; (c) Storage of Parking Fees; (d) Convention or Conference registration if meals are included, Per Diem should be reduced accordingly; (e) Plane or Bus Fare (attach a copy of ticket). Receipts **MUST** be attached for **ALL** incidental expenses.

Whenever possible, the official Department of Transportation Map should be used in computing mileage claim from point of origin to Destination.

If travel is complimentary, the abbreviation "Comp" should be inserted in the "Map Mileage Claimed" column. No mileage is allowed.

The mileage allowance is \$ .445 cents per mile.

**PLEASE ATTACH "PROGRAM OR AGENDA" FOR MEETING ATTENDED. FORM MUST BE COMPLETED BEFORE PAYMENT CAN BE MADE.**