

School Board of Alachua County – Business Services  
**Per Diem Voucher for Out-of-County Travel**

1. Point of Origin \_\_\_\_\_
2. Point of Destination \_\_\_\_\_
3. Nature of Trip or Meeting \_\_\_\_\_
4. Time and Date of Departure \_\_\_\_\_ (a.m./p.m.) on \_\_\_\_\_ 20\_\_
5. Time and Date of Return \_\_\_\_\_ (a.m./p.m.) on \_\_\_\_\_ 20\_\_
6. Mode of Transportation: Car \_\_\_ I Drove: Yes \_\_\_ No \_\_\_ Other (explain) \_\_\_\_\_
- a. Passengers (if applicable) \_\_\_\_\_
7. Official Mileage (one way) \_\_\_\_\_ Other Mileage (please explain) \_\_\_\_\_

Work Location # \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby certify that this travel and per diem claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Approved: \_\_\_\_\_  
Principal or Department Head Print Applicant's Name

**Note:** *Attach to this form the yellow copy of your approved leave PLUS receipts for any expenses not covered by travel and per diem. Meal reimbursement not paid on one-day travel. Please list meals included in Conference Registration only \_\_\_\_\_*

FUND	CENTER	OBJECT	FUNCTION	PROG.	PROJECT

**For Business Services Use Only**

Class of Travel \_\_\_\_\_

Total Miles \_\_\_\_\_ @ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Quarters for Per Diem \_\_\_\_\_ @ \_\_\_\_\_ per quarter \_\_\_\_\_

Hotel \_\_\_\_\_ nights @ \_\_\_\_\_ per night \_\_\_\_\_

Meals \_\_\_\_\_

Other Expenses Approved (receipts attached) \_\_\_\_\_

Deduct – Meals included in Registration \_\_\_\_\_

**TOTAL** \_\_\_\_\_