

Alachua County Public Schools  
Business Services Department

**Internal Funds Travel Request for Expense Reimbursement / Expense Advance**

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_

I respectfully request approval of:

1. Expenses from Internal Fund (Fund Name \_\_\_\_\_)
2. An advance for expenses of \$ \_\_\_\_\_ for \_\_\_\_\_  
*(Advance for public transportation only unless accompanying students)*

To attend \_\_\_\_\_ at \_\_\_\_\_  
*(Describe: Clinic, Meeting, Event, etc.) (Location: City State)*

I will travel (1) \_\_\_\_\_ alone, (2) \_\_\_\_\_ with students ( \_\_\_\_\_ )  
*(Names: Over) No. Course or Activity*

(3) \_\_\_\_\_ with employees \_\_\_\_\_  
*Names (Others: Over)*

TRAVEL DATA	ESTIMATED	ACTUAL
Time of Departure:	Date _____ Time _____	Date _____ Time _____
Time of Return:	Date _____ Time _____	Date _____ Time _____

Type of Transportation: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Applicant*

Approved: \_\_\_\_\_ Authorized: \_\_\_\_\_  
*Department Head Principal*

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF EXPENSES: (Complete on return - - Documentation indicated in parentheses)**

A – Transportation:

- |   |          |
|---|----------|
| 1. Public Carrier (ticket copy or stub)                       | \$ _____ |
| 2. Taxi, Tolls, Parking, etc. (receipt or itemized statement) | \$ _____ |
| 3. Private Vehicle: _____ miles @ _____ cents per mile        | \$ _____ |

B – Per Diem: \$ \_\_\_\_\_ X \_\_\_\_\_ days (evidence of stay – usually hotel receipts) \$ \_\_\_\_\_  
or option of:

Hotel (receipt)	\$ _____	
Meals	\$ _____ (grantee receipts if allowances issued)	\$ _____

C – Registration: (receipt or other statement) \$ \_\_\_\_\_

Miscellaneous \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:**

Less Amount Advanced:	Check No. _____	\$ _____
Due Employee	Check No. _____	\$ _____
or Refund due school	Official Receipt No. _____	\$ _____

*I certify that these expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties and that this report is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
*Signature of Employee Requesting Payment*

\_\_\_\_\_  
*Date*

*(Expenses may not exceed allowances prescribed by this school for internal funds in accordance with School Board Policy and Florida Statutes. School travel expenses are exempt from Florida Sales Tax. The school employee must request the exemption when purchasing meals and/or lodging. The Florida Sales Tax Exemption number is \_\_\_\_\_.)*

Ask the internal funds bookkeeper for full instructions.