

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 _____

Work Location # _____
 Employee # _____

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
 - a. Passengers (if applicable) _____
7. Official Mileage (one way) _____ Other Mileage _____
 Please Explain _____

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			Type	Function			Object			Facility			Project			Subproject			Program		

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 _____