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

1. Point of Origin _____   Work Location #_____

2. Point of Destination _____   Employee # _____

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 ☐

    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. <u>Meal reimbursement not paid on one-day travel</u>. 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