DISTRICT MILEAGE REIMBURSEMENT VOUCHER

DATE	FROM	TO	PURPOSE	MILEAGE

Attach supporting Google Maps search for mileage claimed	**Mileage_____** **@44.5%** **$_____**

I hereby certify or affirm that this travel 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; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

Printed Name Payee_____ Emp ID #_____ Site #_____

Signature Name Payee_____ Date _____

Approval Signature_____ Date_____

Superintendent's Signature_____Date_____

FUND	FUNCTION	OBJECT	CENTER	PROJECT	PROGRAM
		3300			
		3300			