



115 N. Calhoun St. Ste 6
Tallahassee, Florida 32301

Expense/Travel Voucher

Vouchers must be submitted within 30 days of the event and all expenses must be documented. Itemized receipts are required.

FOR OFFICE USE ONLY

Voucher # _____ Gross Amount _____
Employee Exp. _____ Vendor # _____
ACCT # _____ AMOUNT _____

TRAVELER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Date	Travel From/To and Purpose	Business Miles*	Breakfast (max \$10)	Lunch (max \$20)	Dinner (max \$30)	Hotel**	Plane/Train	Misc. 1***	Misc. 2***	Misc. 3***
TOTALS										

SUMMARY office use only

Mileage @ \$.58.5	\$0.00
Meals	\$0.00
Hotel	\$0.00
Plane	\$0.00
Misc	\$0.00
Total this page	\$0.00
Total other pages	
Total Expense	\$0.00
Deductions (Advance rcv'd)	
Reimbursement Due	
(or Refund to UFF)	

* If traveling with another member, list member name(s) to be reimbursed full mileage rate.
 ** When seeking hotel reimbursement, please list your UFF roommate or note if you or your chapter are paying half the cost.
 *** List miscellaneous and extraordinary items and include required receipts.
 refer to UFF's Travel Policy for more specific information. <https://myuff.org/leader-and-staff-resources/>

TRAVELER'S NOTES

I certify that the expenses reported herein were incurred on official UFF business.

Traveler's Signature: _____

Date: _____

Director/Mgr Approval: _____

Date: _____