



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 @ \$.62.5 | \$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: _____