



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***
<b>TOTALS</b>										

**SUMMARY** office use only

Mileage @ \$.65.5	\$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
<i>Deductions (Advance rcv'd)</i>	
Reimbursement Due	
<i>(or Refund to UFF)</i>	

\* 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

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\_\_\_\_\_

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

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director/Mgr Approval: \_\_\_\_\_ Date: \_\_\_\_\_