



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 OFFICIAL USE ONLY

**FLORIDA EDUCATION ASSOCIATION
UFF-800**

Account # _____
LM-2 _____
Purpose Code _____
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 @ \$.65.5	_____	_____
Meals	_____	_____
Hotel	_____	_____
Plane	_____	_____
Misc	_____	_____
Total this page	_____	_____
Total other pages	_____	_____
Total Expense	_____	_____
<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 _____

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

Traveler's Signature: _____ Date: _____
 Director/Mgr Approval: _____ Date: _____