



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	Lunch	Dinner	Hotel	Plane/Train	Misc. 1***	Misc. 2***	Misc. 3***
TOTALS										

SUMMARY

office use only

Mileage @ \$.72.5

Meals

Hotel

Plane

Misc

Total this page

Total other pages

Total Expense

Deductions (Advance rcv'd)

Reimbursement Due

(or Refund to UFF)

*Members driving alone shall be reimbursed mileage at *half* the current IRS rate. If traveling with another member, please list member name(s) to be reimbursed *full* mileage rate.
Meals shall be reimbursed for itemized documented expenses (including gratuities with a maximum of 25%) up to a **maximum cost of \$65.00 per day**, based on the duration of travel.

***List miscellaneous and extraordinary items. required receipts must be included.

Refer to **UFF's Travel Policy** for more specific information.

TRAVELER'S
NOTES

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

Traveler's Signature: _____

Date: _____

Director/Mgr Approval: _____

Date: _____