

Name: _____

Mailing Address for Reimbursement Check: _____

Florida Fish and Wildlife Conservation Commission
VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

Street: _____

City: _____

State: FL _____

Officer/Employee _____
NON-Employee/Independent Contractor X
OPS _____

Headquarters _____

Resident City _____

Social Security No. _____

Contact Person LYNNE HAWK - SOUTH

Telephone/Suncom SC 242-5126 REGION

Date	Travel Performed from Point of Origin to Destination	Purpose or Reason for Travel Name of Conference or Convention	Hour of Departure and Return	Class A & B Meals	Per Diem or Actual Lodging Expense	Mileage Claimed		Incidental Expenses		
						Map	Vicinity	Amount	Type	
/ /		BECOMING AN OUTDOORS		M	\$	\$	*		\$	
	to	WOMAN (BOW) WORKSHOP		M	\$	\$			\$	
				M	\$	\$			\$	
/ /	in			M	\$	\$	*		\$	
				M	\$	\$			\$	
/ /	in			M	\$	\$	*		\$	
				M	\$	\$			\$	
/ /				M	\$	\$	*		\$	
				M	\$	\$			\$	
				M	\$	\$			\$	

Benefits/ Comments:	OPERATIONAL TRAVEL				*ACTUAL					
	MILEAGE MEALS PROVIDED FROM BREAKFAST ON				THROUGH LUNCH ON		. LODGING PROVIDED.		Column Total	Summary Total
						Total Miles	x .445	Column Total		

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to the official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material manner and same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

Payee Signature: _____ Title: BOW Volunteer Instructor Date: _____

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida and was performed for the purpose(s) stated above.

Supervisor Signature: _____ Title: Becoming An Outdoors Woman Coord. Date: _____

Typed or Printed Name: LYNNE M. HAWK - 1119

\$	\$	\$	\$
Less Travel Advance: (enter amount)			\$
Less NON-Reimbursable Items included on Purchasing Card: (enter amount)			\$
NET AMOUNT DUE:			\$
Was registration paid by State?	YES	NO	
Indicate how registration was paid?	VISA	Purchase Order	
Were meals provided?	YES	NO	

Enter Billing Codes Here	Line	Organization Code 77xx-xxxx-xxx	EO	Object Code	Amount	Beginning Travel Date	Ending Travel Date	Project ID No. xxxx-xxx-xxxx	Auditors Initials:
	1	77323040100	20	261320	\$			9200 327 1000	
	2	77323040100	91	261220	\$			9875 332 1000	
	3	77323040100	20	261220	\$			9200 327 1000	Date:
	4	77323040100	91	261320	\$			9875 332 1000	