

LIBERTY COUNTY SCHOOL BOARD TRAVEL EXPENSE VOUCHER

Employee Name _____ Purpose of Travel _____

Date leaving & returning	Hour of Departure & Return	Travel Performed To/From	Mileage Claimed	Meals	Incidental Expenses		Total	
					Amount	Type		
	AM _____ PM _____							
	AM _____ PM _____							
	AM _____ PM _____							
	AM _____ PM _____							
	AM _____ PM _____							
Column Totals			_____ Miles @ 44.5 cents/mile \$ _____					
							Total Due	

Name of Rider(s): _____

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of section 112.061, Florida Statutes.

Approved By: _____
 Paid From: _____

Payee: _____ Date _____
 Principal: _____ Date _____
 Superintendent: _____ Date: _____