

## In County Mileage Record

Leon County School Board  
2757 West Pensacola Street  
Tallahassee, Florida 32304

Month \_\_\_\_\_

Select if NOT LCSB employee  
Select if address is CHANGED

FORM NO. LCS-9852-0002  
REVISED: 07/2020

NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE ZIP (9 Digit): \_\_\_\_\_

SCHOOL/ DEPT: \_\_\_\_\_ COST CENTER #: \_\_\_\_\_

DATE	FROM	TO	MILEAGE PURPOSE	TOTAL MILES

**FOR OFFICIAL USE ONLY**

Ac A Invoice#: WE \_\_\_\_\_ Vendor#: P \_\_\_\_\_  
 Invoice Date: \_\_\_\_\_ Batch#: \_\_\_\_\_  
 Invoice Amount: \_\_\_\_\_ Cycle: \_\_\_\_\_

**TOTAL MILES**  
 Total Miles x \$0.445=  
**PARKING (if applicable)**  
**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

CODING STRIP:	FUND	FUNCTION	OBJECT	CENTER	PROJECT	PROGRAM	\$ _____
_____	_____	_____	3310	_____	_____	_____	\$ _____
_____	_____	_____	3310	_____	_____	_____	\$ _____

I hereby certify, I have traveled the above mileage on official business for Leon County District Schools. Mileage was necessary to properly perform my assigned duties. No mileage was claimed from place of residence to assigned school or office.

_____ Traveler/ Payee Signature	_____ Date	_____ Principal/ Supervisor Signature	_____ Date	_____ Print Principal/ Supervisor Name
_____ Contact Person	_____ Contact Phone Number		_____ Contact Email	

## Instruction for Completed In County Mileage Record

1. CHANGE OF ADDRESS: Notifying Personnel and Payroll does not update your file with Finance. You must check the box indicating the address listed on the travel voucher has CHANGED.
2. NAME: Use your legal name. No nick names shall be used.
3. HOME ADDRESS: The individual's HOME address shall be indicated on voucher complete with NINE DIGIT ZIP CODE.  
*Checks will not be mailed to schools.*
4. SCHOOL/ DEPARTMENT: Print your School or Department Name. Avoid using abbreviations. If there is not enough space to print the School or Department list your cost center number. Non-employees of LCBS must provide the school/department authorizing the travel.
5. PHONE NUMBER: Provide the daytime phone number of the person traveling
6. DATE: Date of Travel
7. FROM: Provide location that travel starts on the first line and address of location on the second if required.
8. TO: Provide location that travel ends on the first line and address of location on the second line if required.  

ABBREVIATIONS: Avoid using abbreviations for to and from locations. Write the name clearly. If information is not legible, it will be returned.
9. PUBLIC PURPOSE: Write a brief explanation as to the benefit or business purpose of the travel. Travel to social events is not reimbursable unless the traveler is required to participate to fulfill duties assigned by LCSB.
10. MILEAGE: To verify miles, you must list where you traveled to and from. and use a verifiable source for the mileage and use the shortest mileage route (i.e. Google, MapQuest, etc).  
\*IF YOU NEED TO DEVIATE FROM A STANDARD ROUTE, YOU MUST PROVIDE A WRITTEN EXPLANATION ON THE TRAVEL VOUCHER. IF ADDITIONAL SPACE IS REQUIRED, YOU MAY ATTACH A PAPER OF EXPLANATION.
11. CODING STRIP: When more than one fund source (split coding) will be utilized to reimburse expenses, please indicate ALL coding strips on one voucher and the amount coming from each coding strip.
12. TOTAL MILEAGE, PARKING & REIMBURSEMENT: Total the mileage, multiple by \$.445, enter the cost of parking if applicable, and the total amount that is to be reimbursed will automatically be calculated.
13. TRAVELER/ PAYEE SIGNATURE: Signature of the person requesting reimbursement. Travels submitted without signature will be returned.
14. PRINCIPAL/ SUPERVISOR SIGNATURE: Signature of Supervisor or designate authorizing the travel and payment of travel.
15. PRINTED NAME: Print the name of the Supervisor or designate.
16. CONTACT PERSON: Name of the person Accounting Department can contact with questions regarding the travel.
17. CONTACT PERSON PHONE #: The daytime phone number of the contact person
18. E-MAIL: E-mail address of the contact person

In accordance with LCSB Procedure ap6550 & Policy po6550 the Leon County Schools In-County Mileage Record must be turned in to the Finance Department within **20 working days** following the end of the month when the travel was incurred. If the amount is **less than \$20 for a month**, the travel may be submitted within 20 days in the month the total equals or exceeds \$20.