

Leon County Schools Out-of-County Travel Reimbursement Voucher

Form No. LCS-9850-1177
Approved:
Rev. 9/29/2021

Print or type clearly. Select one: LCSB Employee (APPROVED leave slip MUST BE ATTACHED)
 Check if address has CHANGED. NO LEAVE SLIP REQUIRED FOR THE FOLLOWING:

NAME _____

HOME ADDRESS _____ CITY, STATE, ZIP (NINE DIGIT) _____ APT. # _____

SCHOOL/DEPARTMENT NAME _____ COST CENTER # _____ WORK PHONE NUMBER _____

From: _____ To: _____ Date: _____ Hr. of Departure: _____
Point of Origin Point of Destination (select one)

Return from: _____ Date: _____ Hr. of Return: _____
(select one)

EXPENSES INCURRED FOR ATTENDING: *(Select one):*

Per Diem: \$80.00 x _____ No. of Days (if per diem is claimed, hotel & meals are not applicable) _____ \$ _____

Actual Expenses Hotel (occupancy charges) (Detailed paid invoice must be attached.) _____ \$ _____

Print name(s) of occupant(s) if room is shared) _____

(Select one) Paid by: _____

Breakfast \$6.00 _____ \$ _____

Lunch \$11.00 *(x No. of days if applicable)* _____ \$ _____

Dinner \$19.00 _____ \$ _____

Registration Fee (receipt must be attached) _____ \$ _____

(Select one) Paid by: _____

No. of miles (per official road map or other verifiable source (list other source) @ 44.5 cents _____ \$ _____

Vicinity Miles (list must be attached) @ 44.5 cents _____ \$ _____

Name of Source providing transportation if different from Traveler: _____

Airplane fare (attach airline ticket and/or boarding pass) Ticket Number _____ \$ _____

(Select one) Paid by: _____

Vehicle Rental (attach rental agreement) Agreement Number _____ \$ _____

(Select one) Paid by: _____

Other incidental expenses: _____ \$ _____
(specify & attach receipts; if additional space is required, you may attach another sheet of paper)

TOTAL TRAVEL EXPENSES NOT PAID BY TRAVELER	\$ _____
TOTAL TRAVEL REIMBURSEMENT REQUESTED	\$ _____
TOTAL TRAVEL EXPENSES	\$ _____
Travel expenses to be paid by:	\$ _____
Fund _____ Function _____ Object 3320 _____ Center _____ Project _____ Program _____	\$ _____
Fund _____ Function _____ Object 3320 _____ Center _____ Project _____ Program _____	\$ _____
Fund _____ Function _____ Object _____ Center _____ Project _____ Program _____	\$ _____

I hereby certify or affirm that this travel claim is true and correct in every material matter, and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties, that per diem claimed has been appropriately reduced for any meals or lodging included in the convention or conference registration fees claimed. Total requested for reimbursement was paid by me and is not being reimbursed by any other source. Any travel expenses omitted were omitted with agreement that the traveler/payee shall only receive payment of the travel expenses listed and the authorizing and/or funding department has agreed to pay the amount listed above in **Total Travel Expenses**.

Traveler/Payee: _____ Signature _____ Date _____ Principal/ Supervisor _____ Signature _____

Statement of Benefits:

_____ **Contact Person** _____ **Phone Number** _____

IMPROPER OR INCOMPLETE TRAVEL REQUEST WILL AUTOMATICALLY BE RETURNED AND WILL DELAY YOUR REIMBURSEMENT

INSTRUCTIONS FOR COMPLETING A LCSB OUT-OF-COUNTY TRAVEL REIMBURSEMENT VOUCHER

1. **CHANGE OF ADDRESS:** Notifying Personnel and Payroll does not update your file with Finance. Please check the appropriate box if address indicated on travel voucher is **NEW**.
2. **HOME ADDRESS:** Traveler's HOME address is indicated on voucher complete with NINE DIGIT ZIP CODE. Check cannot be mailed to schools/departments.
3. **LEAVE REQUEST/TRAVEL APPROVAL:** A copy of your leave request or the original travel approval must accompany all travel reimbursements if you are a Leon County Schools Employee. Out of State travel must be approved by Superintendent or designee.
4. **CONFERENCE AGENDA:** An agenda from workshops, conferences, seminars or conventions must be attached to this travel voucher.
5. **HOUR OF DEPARTURE/ARRIVAL:** Enter the time you departed for travel and the time you returned from travel to headquarter/home. You must select AM or PM after the hour of departure/arrival.
6. **PER DIEM:** If per diem is claimed, hotel and meal expenses are not applicable. If hotel or meals were paid by another entity, per diem cannot be claimed. ***If meals are complimentary, the allowance for the meals provided must be deducted from the per diem.**
7. **HOTEL EXPENSES:** Original detailed receipts showing zero balance due must be submitted with reimbursement request. If room is shared, you must list name(s) of all occupant(s) other than the name of traveler requesting reimbursement. If room was paid by other means (example: Purchase order, another agency), you must check how it was paid and provide P.O. number or agency name that paid for the room.
8. **CLASS C TRAVEL:** For trips that were not overnight. Those meals must be taxed; therefore they will be routed through the Payroll Department for payment. Payroll phone number is 487-7270.
9. **CLASS A OR B TRAVEL:**
Class A travel – Continuous travel of 24 hours or more away from official headquarters.
Class B travel – Continuous travel of less than 24 hours which involves overnight absence from official headquarters.
Requirements for meal allowances are on the front of this voucher.
10. **MEALS:**
When travel begins before 6:00 AM and extends beyond 8:00 AM Breakfast \$6.00 x total # of days applicable
When travel begins before 12:00 Noon and extends beyond 2:00 PM Lunch \$11.00 x total # of days applicable
When travel begins before 6:00 PM and extends beyond 8:00 PM Dinner \$19.00 x total # of days applicable
If meals are provided during travel, do not include in calculation
11. **OFFICIAL MILEAGE:** In accordance with Travel procedures, you must utilize the State Department of Transportation Official State Map. Check with your manager or call the Finance Department, Accounts Payable – 487-7121. Internet resources may be used. You must list the web address used or attach copy.
12. **VICINITY MILES:** Mileage from city limits to hotel; hotel to conference, etc. A list must be provided explaining how mileage was obtained. If you are using a web site to calculate official mileage which includes the vicinity mileage, you are not required to attach a separate listing of these miles. You will not be reimbursed for mileage to restaurants or any other location for personal reasons.
13. **AIRPLANE FARE:** A copy of the airplane ticket/boarding pass must be attached. You must indicate who paid for the airplane ticket. You must write the ticket number on the travel voucher. If traveler paid for ticket, the original receipt must be attached.
14. **RENTAL VEHICLE:** The vehicle rental agreement must be attached. You must indicate who paid for the rental vehicle. You must include the rental agreement number (RA) on the travel voucher. If traveler paid for rental, the original receipt must be attached. If travel did not use state contract for rental vehicle, you must attach a statement justifying it was more economical or that state contract could not provide vehicle required.
15. **OTHER INCIDENTAL EXPENSES:** These include valet parking, tolls, phone calls (LCSB related only), taxi, etc. You must specify expense and attach original receipts. NOTE: TIPS ARE NOT REIMBURSABLE. MAXIMUM AMOUNT REIMBURSABLE TO INDIVIDUAL WITHOUT RECEIPT IS \$5 PER INCIDENT. Postage is not reimbursable unless an excess amount of materials are required to be transported for a conference (i.e. Computer, workbooks, etc.) If this type of postage is required, an explanation must be attached to voucher with the receipt.
16. **CODING STRIP:** When more than one fund source (spilt coding) will be utilized to reimburse expenses, ALL coding strips must be indicated on the voucher. The funding department shall provide the fund, function, and cost center, project and program codes. The objects shall be charged in accordance with the travel voucher line items. In the case where the traveler has purchased items such as books, software, supplies, etc. the funding department shall list the appropriate object for these items.

ANY CHANGES MADE TO THE FORM MUST BE INITIALED AND DATED BY THE PERSON MAKING THE CHANGE.

The above instructions are to comply with Leon County Administrative procedure C-2; LCS Policy 6.08; Florida Statutes Chapter 112.061. You can view these on the Internet, at <http://www.leon.k12.fl.us/Public/Business/Finance/travel.htm>.