CLAY COUNTY, FLORIDA
TRAVEL EXPENSE REQUEST

GENERAL INFORMATION

TRAVELER'S NAME	DEPARTMENT/DIVISION	DESTINATION	TRAVEL METHOD

PURPOSE OF TRIP

ACCOUNT NUMBER
REGISTRATION _____ - _____ - _____
OTHER EXPENSES _____ - _____ - _____

ESTIMATE OF ALLOWABLE TRAVEL EXPENSES

DATES AND TIMES OF TRIP:
Departure _____
Return _____

Meal Allowance:
Breakfast _____ Meals @ $ 8.00 /Meal $_____
Lunch _____ Meals @ $ 8.00 /Meal $_____
Dinner _____ Meals @ $ 20.00 /Meal $_____
Lodging $_____
Registration Fee $_____
Transportation:
Airline $_____
Private Vehicle:
Official Map Miles _____ Miles @____ $_____
Vicinity Miles _____ Miles @____ $_____
County Vehicle (gas, etc) $_____
Vehicle Rental $_____
Taxi/Public Transportation $_____
Parking Fees/Tolls $_____
Telephone $_____
Baggage Handling/Tips $_____
Other: _____ $_____

TOTAL ALL EXPENSES $_____

PREPAYMENTS AND ADVANCES

Payee
Registration Fee _____ $_____
Lodging _____ $_____
Other _____ $_____

TOTAL PREPAYMENT $_____

Traveler _____
Signature
Date Prepared _____

Dept/Div Head _____
Signature
Date Approved _____

REVIEWED BY _____
PURCHASING DEPARTMENT

ACTUAL ALLOWABLE TRAVEL EXPENSES

DATES AND TIMES OF TRIP:
Departure _____
Return _____

Meal Allowance:
Breakfast _____ Meals @ $ 8.00 /Meal $_____
Lunch _____ Meals @ $ 8.00 /Meal $_____
Dinner _____ Meals @ $ 20.00 /Meal $_____
Lodging $_____
Registration Fee $_____
Transportation:
Airline $_____
Private Vehicle:
Official Map Miles _____ Miles @____ $_____
Vicinity Miles _____ Miles @____ $_____
County Vehicle (gas, etc) $_____
Vehicle Rental $_____
Taxi/Public Transportation $_____
Parking Fees/Tolls $_____
Telephone $_____
Baggage Handling/Tips $_____
Other: _____ $_____

TOTAL ALL EXPENSES $_____

Less: Prepayments $_____
Advances $_____

Amount Due Requester (Due County) $_____

CERTIFICATION AND AUTHORIZATION

I hereby certify or affirm that this travel claim is true and correct in every mater matter; that the expenses were actually incurred by the undersigned as necessary tra expenses in the performance of my official duties; and that same conforms in eve respect with the requirements of the Clay County travel regulations.

Traveler _____
Signature
Date Prepared _____

Dept/Div Head _____
Signature
Date Approved _____

REVIEWED BY _____
FINANCE DEPARTMENT