

Origin

State Board of Immigration Enforcement Immigration Grant Program Travel Voucher Traveler:

Employee ID:

Award #:

Destination:

Purpose of Travel:

	Travel Time		Meals		Lodging		i L	Rental Car		Personal Vehicle		Other Expenses Paid By Traveler		
Date	Departure (AM/PM)	Arrival (AM/PM)	Breakfast (\$6 Max)	Lunch (\$11 Max)	Dinner (\$19 Max)	Room Rate	Taxes/Fees	Per Diem	Rate	Fuel	# of Miles	\$0.70/mile	Amount	Description (Airfare, Baggage, Parking, Tolls, Taxi/RideShare, etc.)
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• · · ·		Meals Total		Lodgiı	ng Total	Per Diem	Rental C	ar Total	Mileag	ge Total	Other Total	Total Reimbursement		
		\$0.00		\$0.00		\$0.00	\$0.	00		.00	\$0.00	\$0.00		

Agency:

Meals:	Breakfast = Travel begins before 6:00 AM and extends beyond 8:00 AM
	Lunch = Travel begins before 12:00 PM and extends beyond 2:00 PM
	Dinner = Travel begins before 6:00 PM and extends beyond 8:00 PM
	NOTE: If line item is red, reduce to maximum reimbursement.
Lodging:	Limited to a maximum nightly room rate of \$225 (excluding taxes/fees). Hotel receipt must be
	provided for reimbursement.
Per Diem:	\$20 per quarter depending on time of departure and return each travel day. Cannot be claimed with
	hotel expenses being charged the same day. QTR 1 = 12:01AM - 6:00 AM. QTR 2 = 6:01 AM - 12:00
	PM. QTR 3 = 12:01 PM - 6:00 PM. QTR 4 = 6:01 PM -12:00 AM.
Rental Car:	Must be at the lowest economical rate. Agency will be responsible for all upgrades. State will not
	reimburse any add-ons (insurance, fuel, tolls, etc.). Itemized final receipts must be provided for
	reimbursement. Fuel can only be claimed with rental cars. Receipts for fuel charges must be provided
	for reimbursement.
P. Vehicle:	Documentation of map mileage (i.e., google maps) must be submitted with reimbursement. Cannot
	claim fuel costs for personal, state, or agency vehicle. Mileage will be reimbursed at the federal IRS
	approved rate.
Other:	Itemized receipts must be provided. Taxi/Rideshare tips cannot exceed 15% of the fare. If training
	registration, agenda is required. If meals are provided, the meal rates must be deducted for that day.

Traveler Certification:

I hereby certify that this claim for reimbursements is true and correct in every material matter, that the travel expenses were actually incurred by me as necessary for the performance of official duties under the program, that per diem claimed has been appropriately reduced by any meals or lodging included in any conference/training registration, and that this form conforms in every respect with the requirements of Section 112.061, F.S., Administrative Rule 69I-42.010, and Chapter 11Q-1, Florida Administrative Code.

Traveler Signature:	

Typed Name:

Date: