STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVEL EXPENSES

TRAVELER: _____
SOCIAL SECURITY # _____ Non-Employee ( )
ORG CODE: _____ EO: 01

AGENCY: **Florida Statewide Guardian ad Litem Program**
HEADQUARTERS _____
RESIDENCE (CITY) _____
PREPARED BY: _____

Date	Travel Performed From Point of Origin	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Meals for Class A & B Travel	Actual Lodging Expenses	Per Diem	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses (PCard & Cash) Paid by Traveler	
									Amount	Type