

COUNTY OF VOLUSIA
TRAVEL ADVANCE / PREPAYMENT EXPENSE FORM
 OUT-OF-COUNTY OVERNIGHT TRIP **FY 04 - Jan forward**

A	TRAVELER INFORMATION		
TRAVELER'S NAME:		DEPARTMENT / DIVISION:	VENDOR CODE:
DESTINATION (City, County, State):		DEPARTURE DATE:	RETURN DATE:
PURPOSE:			

B	TRAVELER CASH ADVANCE - Certain restrictions apply check Travel Policy									
MEAL & INCIDENTALS ALLOWANCE: correct meal rate must be entered.		MILEAGE: Enter miles as WHOLE numbers only!								
CONUS meal & incidental allowance chart		DESTINATION: _____ @ 0.375 = \$ _____								
BREAKFAST	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>\$6</td><td>\$7</td><td>\$8</td><td>\$9</td><td>\$9</td><td>\$10</td> </tr> </table>	\$6	\$7	\$8	\$9	\$9	\$10	_____	_____	_____
\$6	\$7	\$8	\$9	\$9	\$10					
LUNCH	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>\$6</td><td>\$7</td><td>\$8</td><td>\$9</td><td>\$11</td><td>\$12</td> </tr> </table>	\$6	\$7	\$8	\$9	\$11	\$12	_____	_____	_____
\$6	\$7	\$8	\$9	\$11	\$12					
DINNER	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>\$19</td><td>\$21</td><td>\$23</td><td>\$25</td><td>\$27</td><td>\$29</td> </tr> </table>	\$19	\$21	\$23	\$25	\$27	\$29	_____	_____	_____
\$19	\$21	\$23	\$25	\$27	\$29					
MEAL TOTAL	_____	TOTAL: \$ _____								
AMOUNT OF ADVANCE: \$	ACCOUNT NUMBER: -4000	SCHEDULED PAY DATE:	CHECK CATEGORY	Single Check						

C	VENDOR INFORMATION / PAYMENT METHOD			
Lodging <input type="checkbox"/> VISA <input type="checkbox"/> County Check	VENDOR CODE:	ACCOUNT NUMBER:	-4000	
	VENDOR NAME:	AMOUNT: \$		
	VENDOR ADDRESS:	SCHEDULED PAY DATE	CHECK CATEGORY	Single Check
Registration <input type="checkbox"/> VISA <input type="checkbox"/> County Check	VENDOR CODE:	ACCOUNT NUMBER:	Check proper object code -3810 <input type="checkbox"/> -3820 <input type="checkbox"/>	
	VENDOR NAME:	AMOUNT: \$		
	VENDOR ADDRESS:	SCHEDULED PAY DATE	CHECK CATEGORY	Single Check
Transportation <input type="checkbox"/> VISA <input type="checkbox"/> County Check	VENDOR CODE:	ACCOUNT NUMBER:	-4000	
	VENDOR NAME:	AMOUNT: \$		
	VENDOR ADDRESS:	SCHEDULED PAY DATE	CHECK CATEGORY	Single Check

Comments:	
Signature - Traveler:	Date:
Signature - Department / Division Director:	Date:

Audited by.	Entered by
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