

**County of Volusia - Actual Travel Expense Form**

Out-of-County Overnight Trip **FY 04 - Jan 04 forward**

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

<b>B</b>	<b>TRIP/EVENT INFORMATION</b>	<input type="checkbox"/> ENTERTAINMENT EXPENSES INCLUDED - form is attached
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MEALS & INCIDENTALS ALLOWANCE: <span style="background-color: yellow;">Correct meal rate must be entered.</span> <b>CONUS</b> meal & incidental allowance chart		Comments:																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">\$6</td> <td style="width:10%;">\$7</td> <td style="width:10%;">\$8</td> <td style="width:10%;">\$9</td> <td style="width:10%;">\$9</td> <td style="width:10%;">\$10</td> </tr> <tr> <td>BREAKFAST</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>LUNCH</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DINNER</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		\$6	\$7	\$8	\$9	\$9	\$10	BREAKFAST	_____	_____	_____	_____	_____	_____	LUNCH	_____	_____	_____	_____	_____	_____	DINNER	_____	_____	_____	_____	_____	_____								\$ _____ = _____ \$ _____ = _____ \$ _____ = _____ <b>MEAL TOTAL</b>	
	\$6	\$7	\$8	\$9	\$9	\$10																															
BREAKFAST	_____	_____	_____	_____	_____	_____																															
LUNCH	_____	_____	_____	_____	_____	_____																															
DINNER	_____	_____	_____	_____	_____	_____																															

MILEAGE - PERSONAL VEHICLE: <span style="background-color: yellow;">Enter miles as WHOLE numbers only!</span> DESTINATION _____ @ 0.37.5 = \$ _____ VICINITY _____ @ 0.37.5 = \$ _____ (Over 50 vicinity miles requires explanation)		
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REGISTRATION FEE:		
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LODGING:		
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TRANSPORTATION: VEHICLE RENTAL/LIABILITY INS. (OUT OF STATE ONLY)		
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GAS, OIL, ETC. (RENTAL OR COUNTY VEHICLE)		
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AIRLINE		
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PARKING FEES / TOLLS / SHUTTLE/TAXI/PUBLIC TRANSPORTATION		
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ENTERTAINMENT EXPENSES (Form attached)		
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TELEPHONE CALLS (PERSONAL)		
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OTHER- including Business Phone Calls (PROVIDE DESCRIPTION)		
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TOTAL OF ALL EXPENSES		
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LESS:	PREPAYMENTS: _____ ADVANCES: _____ COUNTY CREDIT CARD CHARGES: _____ TRAVEL AGENT BILLINGS _____ <b>TOTAL ALL EXPENSES PREPAID</b>	
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TOTAL AMOUNT DUE TRAVELER (DUE COUNTY)		<b>Account Number</b> -4000
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**CERTIFICATION AND AUTHORIZATION**

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

TRAVELER'S SIGNATURE	DATE:
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DEPARTMENT/ DIVISION DIRECTOR SIGNATURE-	DATE:
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REVIEWED BY (ACCOUNTING)	DATE
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