

**COUNTY OF VOLUSIA
TRAVEL PREPAYMENT EXPENSE FORM
OUT-OF-COUNTY DAY TRIP**

A	TRAVELER INFORMATION		VENDOR CODE:
TRAVELER'S NAME:		SOCIAL SECURITY NUMBER:	DEPARTMENT / DIVISION:
DESTINATION:		DEPARTURE DATE:	RETURN DATE:
PURPOSE:			
B	TRAVELER CASH ADVANCE - NOT AVAILABLE FOR DAY TRIPS		

C	VENDOR INFORMATION / PAYMENT METHOD		
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:

<i>Audited by</i>	<i>Entered by</i>
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