



Document #

DUVAL COUNTY PUBLIC SCHOOLS
IN COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

- 1. Complete entire form prior to submittal, INCLUDING REQUIRED SIGNATURES
2. Hand written forms will not be accepted after July 1, 2009.
3. Completed forms must be received by Accounts Payable 15 business days of the month immediately succeeding the travel. Reimbursement requests submitted after this deadline will not be accepted and result in non reimbursement to the employee.

Employee Number

Full Name (First, M.I., Last), Home Address, Title / Position, City, Zip Code, Contact Phone Number, Office/School Assigned Work Location, First Travel Date, Last Travel Date

REIMBURSEMENT CLAIM

PLEASE REFER TO ACCOUNTS PAYABLE WEBSITE FOR CURRENT MILEAGE REIMBURESMNT RATE (www.duvalschools.org)

A. Total Mileage (Total from reverse side) Miles @ \$ = \$ 331
B. Registration: Vendor Paid \$ 334
C. Other Authorized Expenses (List and attach original receipts, i.e..e tolls, parking fees, etc). Meals are not authorized for In County Travel.
TOTAL REQUESTED REIMBURSEMENT (A + B + C) TOTAL SECTION C: 331

I hereby certify or affirm that this travel claim is true and correct in every material matter, that the expenditures were actually incurred by the undersigned as necessary travel expenditures in the performance of my official duties; and that same conforms in every respect with the requirements of Chapter 106, Part 7, of the Municipal Code of the City of Jacksonville and/or Duval County School Board.

Employee Signature : _____ DATE _____

Approved By : _____ DATE _____

Project Manager Approval (if applicable) _____ DATE _____

Table with 7 columns: Invoice Number AP use Only, Vendor Number, GL, Functional Area, Fund, Cost Center, Amount. Rows include GL values 630331 and 630334.

VERIFY THAT FUNDS ARE AVAILABLE BEFORE SUBMITTING FORM TO ACCOUNTS PAYABLE



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- 1. Do not combine trips or dates. Use separate lines.
- 2. Print clearly.
- 3. Add each column (A + B), place the total in the grand total space below and carry the total to page1.
- 4. Employees who have various constructive points of origin, as defined in the DCPS travel guidelines and procedures, shall be responsible for the cost of travel from their personal residence to the location of the first place of official duty, and from the last place of official duty to their personal residence.

Reimbursable mileage for such employees shall be: Mileage from the first place of official duty to any subsequent duty stations. As stated above, mileage to and from an employee's personal residence shall not be subject to reimbursement.

- 5. The "From" and "To" information should be sufficiently descriptive so that someone not familiar with the area could audit the mileage.

DATE	FROM	TO	MILES

Mileage Subtotal (A)



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DATE	FROM	TO	MILES
Mileage Subtotal (B)			



IN COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

Employee Number

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Reimbursable mileage for such employees shall be: Mileage from the first place of official duty to any subsequent duty stations. As stated above, mileage to and from an employee's personal residence shall not be subject to reimbursement.

5. The "From" and "To" information should be sufficiently descriptive so that someone not familiar with the area could audit the mileage.

DATE	FROM	TO	MILES
Mileage Subtotal (C)			