

# CLASS "C" TRAVEL MEALS VOUCHER

The School Board of Broward County, Florida

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PERSONNEL NO. \_\_\_\_\_

TRANS (RA-007)

SCHOOL/DEPARTMENT \_\_\_\_\_

LOC. NO. \_\_\_\_\_

CLASS "C" TRAVEL MEALS VOUCHER is to reimburse meals only for travel which does not include an overnight stay. This reimbursement request must be supported by a Trip Report, Agenda/Program & TDA-1 and send to Accounts Payable. Please note that the Class C Meal Voucher reimbursement will be paid out of the employer payroll rather than an A/P check. Please refer to p 6 section E #2 of A-435.

**I. ITINERARY:**

Travel Dates	Departure Time	Arrival Time	Destination From/To

**II. REIMBURSEMENT REQUEST:**

BREAKFAST _____	@ *	_____	= \$ _____
LUNCH _____	@ *	_____	= \$ _____
DINNER _____	@ *	_____	= \$ _____
*Current rate as published in the most recent memorandum from the Treasurer's Office.			TOTAL = \$ _____

**III. AUTHORIZATION:**

I hereby certify that the above claim is true and conforms with the requirements of School Board Policy 3400.	
Approval _____ Principal/Department Head	_____ Signature of requesting person

**IV. PAYROLL DISTRIBUTION: Retro Active Pay Adjustment RA-007**

Job Class	Earn Type	Gross Amount	Pay End Date	Adj	Job
060000	MLC				

G/L Account (8) Class+Obj+0's	Bus Area (4)	Cost Center (10) BA+T+L+0	Fund (4)	Internal Order	WBS Element Capital Use	Grant	Functional Area (16) Function + Activity +0's