

A/P Document Number _____

EXPENSE VOUCHER (Non-county personnel)

The School Board of Broward County, Florida

VENDOR NUMBER	
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Date _____

Name _____

Social Security Number: _____

Address: _____

COMPLETE APPLICABLE SECTIONS - ATTACH A COPY OF THE CONSULTANT AGREEMENT
SEND APPROVED DOCUMENTS TO ACCOUNTS PAYABLE.

I. PURPOSE OF TRIP:

II. TRANSPORTATION:

Private Car Mileage (_____ miles x _____ cents per mile)*	\$
<input type="checkbox"/> Place/Common Carrier (attach ticket stub)	
<input type="checkbox"/> Rental Car (attach rental contract)	
<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Parking (attach receipts)	
<input type="checkbox"/> Food (Class C Only)	
<input type="checkbox"/> Hotel (Class C Only)	

*Current rate as published in the most recent memorandum from the Treasurer's Office.

III. PER DIEM:

Computed by quarters: _____ days x _____* *Current rate as published in the most recent memorandum from the Treasurer's Office. Departed from Home _____ A.M. _____ P.M. _____, 20 ____ Returned to Home _____ A.M. _____ P.M. _____, 20 ____	
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Total Of Sections II, III = Total Of Expense Voucher	\$
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IV. AUTHORIZATION:

I hereby certify that the above claim is just and true in all respects, that it conforms with the requirements of School Board Policy, and that payment therefore has not been received.	
Approval _____ Principal/Department Head	_____ Signature of requesting person

V. EXPENDITURE INFORMATION:

Check Request No.	Gross Amount	G/L Account (8) Class+Obj+0's	Bus Area (4)	Cost Center (10) BA+T+L+0	Fund (4)	Internal Order (12)	WBS Element Capital Use	Grant (14)	Functional Area (16) Function + Activity +0's