AP SYST DOCUMENT#_____

For use effective 1/1/17

MILEAGE VOUCHER

The School Board of Broward County

Vendor Number	

Name: (Please Print) _____ Month Ending: _____
(Use proper name, not nick name)

Personnel Number: _____ Position: _____ School/Dept.Name: _____

Date	Places Visited	Gross Miles	Less Miles Home to Office	Net Miles	Purpose	Parking & Tolls
		0.00	0.00	0.00		
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
		0.00	0.00	0.00		$0.00
					Total Parking & Tolls, etc. =	$0.00
			Total Miles	0.00	X **0.535** (cents per mile) =	$0.00
					Total Requested	$0.00

***The current rate is determined in a memorandum issued annually by the Treasurer's Office. Insert the current rate as per the most recent memorandum.**

Bookkeeper/Budgetkeeper Name_____ Phone_____

I certify that this claim is true and correct; that expenses were actually incurred by me as necessary travel expenses in the performance of my official duties.

Date _____ Signed _____ Approved _____

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 (14)	Grant (14)	Functional Area (16) Function + Activity +0's
	$0.00	53360000							

Attach Mileage Voucher Summary Form when submitting Mileage Vouchers with multiple pages or multiple months with same coding. Staple all pages together with summary on the top. A single page Mileage Voucher does not require a Summary Form.