

MILEAGE VOUCHER 2019
The School Board of Broward County

AP SYST DOCUMENT# _____

Vendor Number

--

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

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

DATE	Places Visited FROM/TO ADDRESSES MUST BE LISTED ABBREVIATION "RT" MAY BE USED FOR ROUND TRIP	GROSS MILES	Less Miles Home to Office	Net Miles	Purpose MUST SPECIFY IF AFTER HOURS OR WEEKEND	Parking & Tolls
Total Miles					Total Parking & Tolls, etc. =	
				X	0.55 (cents per mile) =	
					Total Requested	

*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.

LOCATION ADDRESS: _____ HOME ADDRESS: _____
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
		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.