

For use effective 01/01/2016

AP SYST DOCUMENT # _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MILEAGE VOUCHER SUMMARY

| | |
|---------------|--|
| VENDOR NUMBER | |
|---------------|--|

Name _____

Month Ending _____

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

| Page# | GROSS MILES | LESS MILES HOME TO OFFICE | NET MILES | CENTS PER MILE | TOTAL | | PARKING AND TOLLS | | TOTAL REQUESTED |
|-------|-------------|---------------------------|-----------|----------------|-------|--|-------------------|--|-----------------|
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***The current rate is determined in a memorandum issued by the Treasurer Office annually. Insert the current rate as per the most recent memorandum.**

Total Requested _____

Signed: _____ Date _____

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.

Approved _____ Date _____

Bookkeeper/Budgetkeeper Name _____ Phone _____

| 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 | | | | | | | |