

For use effective 01/01/2017

AP SYST DOCUMENT # _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MILEAGE VOUCHER SUMMARY

VENDOR NUMBER	
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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

***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							