

MILEAGE VOUCHER SUMMARY 2019

Vendor Number _____

THE SCHOOL BOARD OF BROWARD COUNTY

Name(Please Print) _____

Month Ending _____

(Use proper name, not nickname)

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
1									
2									
3									
4									
5									
6									
TOTALS									

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:** _____ **Date:** _____

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.