STATE OF FLORIDA

Reimbursement Voucher

FOR EXPENSES OTHER THAN TRAVEL

Department _____ **Appropriation** _____

Pay to _____ _____

_____ **Date** _____ **19** ____

Receipts for all items $1.00 and over must accompany this Voucher

Date		Item	Purpose	Amount	
		TOTAL:			

I do solemnly swear (or affirm that the amounts, scheduled above are just and true in all respects and were expended by the Department, Agency of Individual named for State purposes and that payment therefor has not been received.

Approved for $ _____ _____
(signature)

By _____ _____
(Title)

Title _____ _____
(Date)