STATE OF FLORIDA

Reimbursement Voucher FOR EXPENSES OTHER THAN TRAVEL

Department			Appropriation	
Pay to)		_	
			- Date <u>19</u>	
		Receipts for	all items \$1.00 and over must accompany this Voucher	
Date		Item	Purpose	Amount
		TOTAL:		la II alla Dana dana da Anna
Individu	i do soier al named fo	nnly swear (or affirm that the amounts, s r State purposes and that payment ther	scheduled above are just and true in all respects and were expendere or has not been received.	ded by the Department, Agency o
Approve	ed for \$			
	· <u> </u>		(signature)	
Ву				
<i>'</i> —			(Title)	 ,

(Date)