TRAVEL FORM INSTRUCTIONS

1	Provide requested information
	Check One:
l	State Employee/Officer – all full or part time benefited positions paid by the State
	Non-employee/Independent Contractor – all persons not employed by the State (e.g. county, private) and those under
2	contract with the State
_	OPS (Other Personal Services) – all full or part time non-benefited positions paid by the State
	Agency – court where traveler works
I	Headquarters – city where business office is located or headquarters as assigned
_	Residence – city where home is located
3	Provide date of departure, dates on travel status, and date of return
	List the city your travel began in and the city of your destination – coordinate with date of departure AND
4	
5	List the city you departed from and the city you returned to – coordinate with date of return
3	Provide requested information List the time you left your home or headquarters to begin travel
6	AND
٥	List the time you returned to your home or headquarters to end travel
_	Include appropriate meal expenses (explained below) when travel requires overnight stay:
	\$6.00 Breakfast - when travel begins before 6 a.m. and extends beyond 8 a.m.
7	\$11.00 Lunch – when travel begins before 12 noon and extends beyond 2 p.m.
	\$19.00 Dinner – when travel begins before 6 p.m. and extends beyond 8 p.m.
	Include actual lodging expenses (room and tax) for each lodging night (exclude personal expenses)
	OR
8	Include up to \$80/day per diem calculated at a rate of \$20.00/quarter beginning at midnight (12:00 a.m. to 6:00 a.m.; 6:00
	a.m. to 12 noon; 12 noon to 6:00 p.m.; 6:00 p.m. to 12:00 a.m.) – credit is given for any travel time occurring in that
	quarter
9	Please note that due to a legislative change in Class "C: travel, those individuals who travel in and out on the same day
	cannot be reimbursed for the cost of any meals.
10	Insert map mileage from point of origin (official headquarters or from home whichever is less) to point of destination. Map mileage is defined as most direct travel route. Use the official Department of Transportation map mileage for
10	guidance.
	If traveling by air, list local mileage to airport from home or headquarters (whichever is less) and to home or headquarters
	from airport (coordinate with date of departure and date of return)
11	OR
	If traveling by vehicle, list mileage accumulated for business travel while in city of destination
	Insert amount and type of other expenses (e.g., airfare, rental car, tolls, parking, portage, taxi, business telephone calls, or
12	other travel related expenses), list each separately
13	Calculate all columns and provide totals
1.4	Insert advance on travel amount, if appropriate
15	Non-reimbursable items may not be charged on the State of Florida Purchasing Card. Inadvertent non-reimbursable
<u> </u>	charges are to be deducted from the travel reimbursement
I	Calculate net amount due to traveler after deducting travel advance and non-reimbursable items purchased on the State
	of Florida Purchasing Card
16	OR
	LE STOLLISTO DOT SMALINE BUILTO TO LEGEN STENE MARLINESS SERVICE SALIGNAS AND MAIN REPORTS LIBERT 18 AND A CONTRACT OF THE CO. C.
	Calculate net amount due to State after deducting travel advance and non-reimbursable items purchased on the State of
17	Florida Purchasing Card
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18 19	Florida Purchasing Card Provide requested information if travel was for a conference or convention Provide requested information Forward to appropriate authorized person for signature
18 19 20	Florida Purchasing Card Provide requested information if travel was for a conference or convention Provide requested information Forward to appropriate authorized person for signature For Finance & Accounting use only
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