



GUIDE TO VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

1. **Traveler** - Traveler's first name, middle initial and last name. (Include Jr., Sr., etc.).
2. **Agency** – Enter “Justice Administrative Commission – Court Appointed Counsel Program.”
3. **Social Security Number** - Traveler's social security number or Federal Tax ID Number can be allowed to substitute for the social security number
4. **Headquarters** - City in which traveler works or is assigned.
5. **Traveler Type** – Check “Non-employee Independent Contractor”
6. **Residence City** – Type in city in which you live.
7. **Date** - Start date of travel through end of travel period.
8. **Travel Performed** - List from point of origin to point of destination (city to city) and the return for each trip.
9. **Purpose or Reason** - Purpose or reason for trip. When there are several trips on one travel voucher, the purpose or reason for each trip must be shown.
10. **Hour of Departure and Hour of Return** - The time departed and time returned for each trip including A.M. or P.M.
11. **Meals** - Calculate the meal allowance by the hour of departure and return for each day. Meal allowance is only reimbursable if travel exceeds 24 hours. If any meals are provided please mark complimentary; no reimbursement will be allowed. Breakfast \$6: When travel begins before 6 a.m. and beyond 8 a.m.; Lunch \$11: When travel begins before 12 p.m. and beyond 2 p.m.; Dinner \$19: When travel begins before 6 p.m. and beyond 8 p.m.
12. **Actual Lodging Expenses** - Reimbursement is allowed at a single occupancy rate with paid receipt. Any in-state hotel rate in excess of \$175.00 per night, including taxes, or expense claimed when travel distance is less than 50 miles must be justified.



13. **Map Mileage Claimed** - If using a privately-owned vehicle, the official Department of Transportation highway mileage from point of origin to destination (city to city) must be used. See link to website: <https://fdotewp1.dot.state.fl.us/CityToCityMileage/viewer.aspx>. If city to city mileage is not provided use www.mapquest.com enter address for departure and destination address, provide printout when submitting reimbursement voucher.
14. **Vicinity Mileage Claimed** - The mileage necessary before leaving your point of origin, such as trip to airport or to pick up rental car, etc. If using privately owned vehicle, the mileage necessary while at the destination. A lump sum total for the entire trip will not be accepted.
15. **Other Expenses** - List separately, each amount of allowable incidental expenses incurred while traveling, e.g., airfare, tolls, cab fare, etc.
16. **Other Expenses** - List separately, each type of all allowable incidental expenses incurred while traveling, e.g., airfare, tolls, cab fare, etc.
17. **Statement of Benefits to the State** – **Leave This Area blank.**
18. **Column Total** - Total of all meals claimed for travel.
19. **Column Total** - Total of actual lodging expenses claimed.
20. **Column Total** - Total of all map and vicinity mileage claimed.
21. **Column Total** – Total amount using the following calculation, Total Miles x \$0.445 each mile.
22. **Column Total** - **Other Expenses** - Total of all miscellaneous expenses claimed.
23. **Summary Total** - Total of all columns as described in numbers 18 through 22.
24. **Net Amount Due Traveler** - Total to be reimbursed for travel expenses.
25. **Traveler's Signature** - Original signature of traveler.
26. **Signature Date** – Date traveler signs the Voucher for Reimbursement of Travel Expenses.



JUSTICE ADMINISTRATIVE
COMMISSION



27. **Title** - The title of the traveler.
28. **Supervisor's Signature** – Signature of Court-Appointed Counsel for the applicable case.
29. **Supervisor's Title** – Please print or type attorney's name and official title.
30. **Signature Date** – Date attorney signs the Voucher for Reimbursement of Travel Expenses.