STATE OF FLORIDA

REIMBURSEMENT VOUCHER

FOR EXPENSES OTHER THAN TRAVEL

Department ______________________ Appropriation ______________________

Pay to ______________________ ______________________

______________________ Date ______________

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

Date		Item	Purpose	Amount	

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)

reimbvch

Updated November 2006