

**KEY LARGO FIRE RESCUE AND EMS DISTRICT
TRAVEL EXPENSE VOUCHER**

Name cecilia smith Request Date 9/19/2012
 Department key largo ems Title paramedic
 Destination orlando Mode of Transportation Used ambulance
 Vacation Combined with Trip? Yes No If so, meal and hotel expenses cease upon termination of City business.

Purpose of Travel: _____

ESTIMATED TRANSPORTATION COSTS

AIR FARE: _____		RENTAL CAR: _____		Rental Charge: _____	Fuel: \$100.00
MILEAGE REIMBURSEMENT-PRIVATE AUTO				AIRPORT PARKING & TOLLS	Hotel Parking: _____
DATE	FROM	TO	MILES		Other: _____
9/16/2012	9/18/2012			\$12.50	LUGGAGE FEE _____
TOTAL MILEAGE			0		Note: Attach mapquest or similar for mileage documentation purposes.
REIMBURSEMENT @ 55.5 cents per mile					
TOTAL TRANSPORTATION COSTS					\$112.50

**LODGING, MEALS AND OTHER EXPENSES
GSA rates - 1st and last day @ 75% of M&IE**

DATE IN GREEN IS TRAVEL START DATE. DATE IN RED IS TRAVEL END DATE. Note: First and last day of travel per diem rate is 75% of max. per diem rate.

	9/16/2012	9/17/2012	9/18/2012				TOTAL
ITEMS							
Lodging rate max.	76.92	76.92					\$153.84
per diem rate max.	\$42	\$50	\$42				\$140.00
Registration Fees							
Other (Specify):							\$ -
							\$ -
							\$ -
TOTAL	\$0.00	\$113.92	\$132.92	\$42	\$0.00	\$0.00	\$293.84

I hereby certify that the above is a true and correct statement of travel expenses incurred in the conduct of District business and no expenses are of a personal nature

GRAND TOTAL **\$406.34**

Signature: Cecilia Smith Date: 09/19/12

Department Head Approval
 Signature: _____ Date: _____
 Signature: _____ Date: _____

FINANCE DEPARTMENT USE ONLY

Total Travel Expenses Approved: \$406.34 Account No. _____

Date Received: _____
 Approved for Payment: _____ Date: _____
 Finance