### Expense/Travel Voucher

**UFF United Faculty of Florida**

115 N. Calhoun St. Ste 6
Tallahassee, Florida 32301

**TRAVELER'S NAME:**

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**ADDRESS:**

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**CITY:**

**STATE:**

**ZIP:**

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<table>
<thead>
<tr>
<th>Date</th>
<th>Travel From/To and Purpose</th>
<th>Business Miles</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Hotel</th>
<th>Plane/Train</th>
<th>Misc. 1*</th>
<th>Misc. 2*</th>
<th>Misc. 3*</th>
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**TOTALS**

0 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00

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**SUMMARY**

- Mileage @ $.575: $0.00
- Meals: $0.00
- Hotel: $0.00
- Plane: $0.00
- Misc: $0.00
- Total this page: $0.00
- Total other pages: $0.00
- Total Expense: $0.00

* List miscellaneous and extraordinary items and include required receipts.

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I certify that the expenses reported herein were incurred on official UFF business.

Traveler's Signature: ___________________________ Date: ____________

Director/Mgr Approval: ___________________________ Date: ____________

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**FOR OFFICE USE ONLY**

Voucher #: ___________ Gross Amount ___________
Employee Exp: ___________ Vendor #: ___________

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<tr>
<th>ACCT #</th>
<th>AMOUNT</th>
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**Deductions (Advance rcv'd)**

**Reimbursement Due**

(or Refund to FEA)

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rev. 01/2020