## Expense/Travel Voucher

**UFF United Faculty of Florida**

115 N. Calhoun St. Ste 6

Tallahassee, Florida 32301

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**TRAVELER’S NAME:**

**ADDRESS:**

**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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>0</td>
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</tr>
</tbody>
</table>

**TOTALS**

|                               |   |   |   |   |   |   |   |   |
|-------------------------------|---|--|--|--|--|--|--|--|--|
|                               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**FOR OFFICE USE ONLY**

Voucher #______  Gross Amount ________

Employee Exp. ________  Vendor # ________

ACCT #  AMOUNT

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**SUMMARY**

- Mileage @ $.535  $0.00
- Meals  $0.00
- Hotel  $0.00
- Plane  $0.00
- Misc  $0.00

**Total this page**  $0.00

**Total other pages**

**Total Expense**

**Deductions (Advance rcv'd)**

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**Reimbursement Due**

*(or Refund to FEA)*

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

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**Traveler’s Signature:**

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**Date:**

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**Director/Mgr Approval:**

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**Date:**

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rev. 01/2017