PINELLAS COUNTY SCHOOLS IN COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

					_
(l a	et 5 digit	s of Soc	Securit	v #1	

							(Last 5	digits of Soc. Seci	urity #)
2. Compl	r print CLEARLY in ink. ete entire form prior to : e office phone number v	submittal, INC	LUDING REQ				cpense a	uthorizer).	
FULL NAI	ME:			(Use your na	ame and address a	as they appear on	your payr	oll check.)	
	ME:(FIRST)								
HOIVIE AL	DDRESS:				POSITION				
CITY:		ZIP:		0	FFICE/SCHOOL	(HOME BASE):_			
	FIRST TRAVEL DATE	:-			LAST TRAVEL D	ATF:			
	FIRST TRAVEL DATE	MONTH	DAY	YEAR		MONTH	DAY	YEAR	
PURPOS	SE OF TRAVEL (MANDA	ATORY):							
			REIM	IBURSEMENT	CLAIM				
	PLEASE REFER TO	O ACCOUNTIN	IG'S INTRANE	ET WEBSITE FO	OR CURRENT M	ILEAGE REIMBU	JRSEME	NT RATE.	OBJ.
A.	TOTAL MILEAGE (Tot	al from reverse	e side)	n	niles @ \$	= \$ _			0331
В.	REGISTRATION (Atta	ch original rece	eipt)			\$			0333
C.	OTHER AUTHORIZED	,		n original receip	ts: e.g., tolls, par	king fees, etc.)			
\$			\$						
\$			\$			\$	0331		
					TOTAL REIN	MBURSEMENT	\$		
the perfo	certify or affirm that abount ormance of my official dues in every respect with the	ties, and that t	his claim is tru	ie and correct in	every material n			CT. USE ONLY DCESSED BY:	
PAYEE :	SIGNATURE:				D	ate:			
Pursuan the abov	t to Section 112. 061 (3) the travel was on official stated above:	(a), Florida Sta	tutes, I hereby	certify or affirm	that to the best of	of my knowledge			

REFERENCE LINE	FUND	GENERAL LEDGER	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	PAYMENT AMOUNT
				0331					
				0333					

IMMEDIATE SUPERVISOR SIGNATURE: _____ Date: ___

EXPENSE AUTHORIZER OFFICE TELEPHONE NUMBER:

EXPENSE AUTHORIZER SIGNATURE: _____ Date: _____

PLEASE VERIFY THAT FUNDS ARE AVAILABLE BEFORE SUBMITTING FORM TO ACCOUNTING

IN-COUNTY TRAVEL

- 1. Type or print clearly to avoid delay in reimbursement:
 - a. The "From" and "To" information should be clear and concise.
 - b. Include complete name & address, with city and zip code, for all non School Board locations.
 - c. Use an asterisk (*) to indicate round trip.
- 2. Do not combine trips or dates, use separate lines.
- 3. Round each trip to the nearest whole mile using shortest route from Mapquest or the matrix found on the Accounting Website for School Board locations.
- 4. For employees who are assigned a home base:
 - a. From personal residence to first location: take mileage from personal residence to first location of official duty then less mileage from personal residence to home base.
 - b. Last location of business to personal residence: take mileage from last location of official duty to personal residence less mileage from home base to personal residence.
- **5.** For employees who do not have a home base (itinerants):
 - a. Mileage reimbursement shall be calculated only from first location of official duty to each subsequent location of official duty during the business day.
 - b. From personal residence to first location of official duty or from last place of official duty to residence: not reimbursable per IRS guidelines.

Mileage from home to home base _____

DATE	FROM	то	MILES	DATE	FROM	то	MILES
						TOTAL MILEAGE=A	