WORKFORCE FLORIDA, INC.
EXPENSE REIMBURSEMENT FORM

Name: | **SSN: xxx-xx-** | **Period Begin:**

Address: | **Period End:**

DATE	Travel Performed from Point of Origin to Destination (Include Purpose)	Hour of Departure and Hour of Return	Air Fare	Rental Car	Lodging Expenses (Per Diem* or Actual)	Class A & B Travel Meals	Class C Travel Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	Other Expenses Describe Item
Statement of Benefits to the State (for conference or convention):			**Column Total**	**Column Total**	**Column Total**	**Column Total**	**Column Total**	**Mi. @ $0.445/Mile**		**Column Total**	**Net Amount Due Traveler**
			$ -	$ -	$ -	$ -		$ -		$ -	$ -

I CERTIFY THAT THE ABOVE EXPENSES ARE TRUE AND ACCURATE:

TRAVELER'S SIGNATURE:______________________________ **WFI APPROVAL:** ______________________________

DATE: ____________________ **PHONE:** ____________________ **DATE:**____________________ **(Rev. 7/01/06)**

**When claiming per diem, do not include extra charges for meals.*