



OFFICE OF COMPTROLLER
STATE OF FLORIDA

ROBERT MILLIGAN
COMPTROLLER OF FLORIDA

TALLAHASSEE
32399-0350

APPLICATION FOR ADVANCE ON TRAVEL EXPENSES

Payee: _____ Social Security No. _____
 Headquarters: _____ Department: _____
 Travel Period: _____ through _____ Destination: _____
 Purpose of Travel: _____
 Justification: _____

Estimated Cost of Travel:

* \$ _____ per day X _____ days = \$ _____
 ** Transportation \$ _____
 Incidental Expenses:
 Type: _____
 Type: _____
 Total Incidental Expenses \$ _____
 Total Estimated Expenses \$ _____ X 80%
 Advance Travel Allowed \$ _____

* If the per day allowance exceeds \$50, an explanation must be furnished.

** Estimated cost for common carrier and rental charges billed directly to the State shall not be included in the travel advance calculation.

I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at the conference or convention directly relates to the official duties of the agency; any meals or lodging included in the registration fee have been deducted from this travel advance request. If the travel advance exceeds actual travel expenses incurred, I will refund to the State of Florida the remaining unexpended funds within 30 days after completion of the travel period.

Traveler's Signature: _____
 Title: _____ Date Prepared: _____

Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above anticipated travel will be on official business of the State of Florida.

Supervisor Signature: _____
 Title: _____ Date Prepared: _____