**Instructions:**

1. Review the approved budget of your contract to verify that travel is an approved expense.
2. Travel must be reimbursed at the State rate: refer to page 82 of the *DFS Reference Guide for State Expenditures* **(Attachment 15)** for detailed guidance.

# AUTHORIZATION TO INCUR TRAVEL EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| Payee: | SSN: | Trip: | Date: |
|       |       |       |       |
| Headquarters: | Travel Period: | Department: |
|       | From:      To:       |       |
| Destination: |
|       |
| Purpose: |
|       |
| Benefits: |
|       |
|  |
| ESTIMATED COST OF TRAVEL |
|  |
| \*Total Estimated Per Diem: |  |  |
|  | Estimated Per Diem |       |
| \*\*Transportation: | Airfare: |       |  |  |
|  | Car cost (rental): |       | Estimated Transportation | $0.00 |
|  | Car cost (personal): |       |  |  |
| Incidental Expenses: | Motel:  |       Nights @       |  | Estimated Incidental | $0.00 |
|  |   | = $0.00 Per Night |  |  |  |  |  |
|  | Other Incidental Expenses:  |       |  |  |  |
| Type of Incidental Expenses:      | Total Estimated Expenses | $0.00 |
|  |  =Travel Allowed | $0.00 |
|  |
| 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 authorization request. If the travel authorization exceeds actual travel expenses incurred, I will refund the State of Florida the remaining unexpended funds within 10 days after completion of the travel period. |
| Traveler’s Signature: | Title: | Date Prepared: |
|  |       |       |
| Pursuant to Section 112.061, Florida Statutes, I herby certify or affirm that the above-anticipated travel will be on official business of the State of Florida. |
| Supervisor’s Signature: | Title: | Date Prepared: |
|  |       |       |
| \* If the estimated Per Diem is based on a per day allowance which is greater than $50, then 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. |