

John Smith
 1995 Pocahontas Way
 Gainesville, FL 32641
 (352) 555-5555
 PARTNERSHIP FOR STRONG FAMILIES

<SAMPLE>

**Caseworker: Amanda Lynn
 Foster Child: Oliver Sutton**

Employee Name: **John Smith**
 Department: **Foster Parent**

TRAVEL REIMBURSEMENT REQUEST FORM

| DATE | To/From: Purpose or Reason: | TO/FROM | Departure / Arrival Times | Map Mileage Claimed | Vicinity Mileage Claimed | # of MILES | PARKING/ TOLLS | BRKFAS | LUNCH | DINNER | *LODGING | PER DIEM | TOTAL |
|------------------------------|---|---------|---------------------------|---------------------|--------------------------|--------------|-------------------|--------|--------|--------|----------|----------|----------|
| 01/01/15 | To/From: Purpose or Reason: Lake City/Gainesville (Round Trip) | | 8:00 AM | 106.00 | | 106.00 | | | | | | | \$47.17 |
| 01/05/15 | To/From: Purpose or Reason: Doctor Visit Gainesville/Gainesville (Round Trip) | | 1:00 PM | 30.00 | | 47.17 | | | | | | | \$13.35 |
| 01/06/15 | To/From: Purpose or Reason: Visitation Gainesville/Gainesville (Round Trip) | | 3:00 PM | 10.00 | | 13.35 | | | | | | | \$4.45 |
| 01/07/15 | To/From: Purpose or Reason: VCC Lake City/Gainesville (Round Trip) | | 8:00 PM - 8:00 PM | 106.00 | | 44.45 | | | | | | | \$47.17 |
| 01/12/15 | To/From: Purpose or Reason: Partner Family Training Gainesville/Gainesville (Round Trip) | | 2:00 PM | 30.00 | | 47.17 | | | | | | | \$13.35 |
| | To/From: Purpose or Reason: Staffing at PSF | | | | | 13.35 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | To/From: Purpose or Reason: | | | | | 0.00 | | | | | | | \$0.00 |
| | | | | | | 0.445 | | | | | | | |
| Total Miles | | | | | | 282.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$25.49 |
| Mileage Reimbursement | | | | | | \$125.49 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$125.49 |

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the organization; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct to every material matter.

Employee signature: *John Smith* Date: 1/31/15
 I hereby certify or affirm that the above expenses were incurred in connection with official business of the organization.
 Supervisor's signature (Signature from Board Member for CBC President): _____ Title: _____ Date: _____

*Receipt required for lodging expense
 Less credit card total
Amount of Reimbursement \$125.49
 Note: If advance totals more than total expenses, attach your check, made payable to the agency.