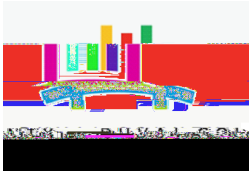


DUVAL COUNTY PUBLIC SCHOOLS
IN COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

1. Complete entire form prior to submittal, INCLUDING REQUIRED SIGNATURES
2. Hand written forms will not be accepted after July 1, 2009.
3. Completed forms must be received by Accounts Payable 15 business days of the month immediately succeeding the travel. Reimbursement requests submitted after this deadline will not be accepted and result in non reimbursement to the employee.

Employee Number

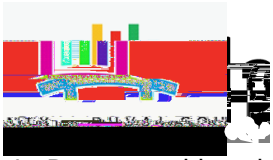
Full Name

(Use your name and address as they appear on your payroll check)

Home Address

Title / Position

City



1. Do not combine trips or dates. Use separate lines.
2. Print clearly.
3. Add each column (A + B), place the total in the grand total space below and carry the total to page1.
4. Employees who have various constructive points of origin, as defined in the DCPS travel guidelines and procedures, shall be

IN COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

Employee Number

1. Do not combine trips or dates. Use separate lines.

2. Print clearly.

3. Add each column (A + B), place the total in the grand total space below and carry the total to page1.

4. Employees who have various constructive points of origin, as defined in the DCPS travel guidelines and procedures, shall be responsible for the cost of travel from their personal residence to the location of the first place of official duty, and from the last place of official duty to their personal residence.

   Reimbursable mileage for such employees shall be: Mileage from the first place of official duty to any subsequent duty stations. As stated above, mileage to and from an employee's personal residence shall not be subject to reimbursement.

5. The "From" and "To" information should be sufficiently descriptive so that someone not familiar with the area could audit the mileag

DATE	FROM	TO	MILES

Mileage Subtotal (C)