



DUVAL COUNTY PUBLIC SCHOOLS

Travel Expense Statement
Office of the Superintendent of Schools
Form SB-01-34

For Accounts Payable Use Only
Doc #

AUTHORIZATION TO TRAVEL:

Date:

Name (Print): Title:

Destination (Print City and State):

Purpose/Benefit to DCPS:

Date(s) of Travel: From To:

Mode of Travel: Comm - mode (if applicable):

Approved By: _____

Print Name Contact Number

Item charged to Pcard or Expense Aid: Region Rental Car Air Vehicle Hotel Air

Name of cardholder whose Pcard is used for item checked _____

REQUEST FOR REIMBURSEMENT OF OUT OF COUNTY TRAVEL EXPENDITURES AS FOLLOWS (Complete Post Travel)

Date	11/6/2018	ET 01C 0-1. ET mxi e7N_110-1CID 170 iginm (P DC -36 Tf 0-1 TD (Doc) EMC /C
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Phone Number _____

Vendor Number

Invoice Number

Commitment Item

This amount becomes the official
Functional Area Cost Center
(Fund Center & Fund)

Amount