

## INSTRUCTIONS FOR IN-COUNTY TRAVEL

When preparing the Voucher for Reimbursement of In-County Travel (FM-0148), the following requirements must be met:

1. Transportation expenses between your home and your main, or normal, place of work (base of operations) and back home, are considered personal commuting expenses, and therefore, are **never** reimbursable (including weekends and holidays).
2. Whenever the point of origin or destination is not an M-DCPS location, the **complete address must be indicated**.
3. The period covered cannot be older than one (1) year.
4. The total reimbursement amount must be more than \$50.00 (except during June).
5. All appropriate forms have been completed (including signatures), and are included in the travel reimbursement request packet.
6. All receipts for parking, tolls, etc., **must be taped** onto an 8 1/2 x 11 sheet. **NO STAPLES!!**
7. When returning to the same place where the travel originated (**round trip**), with no other stops in between, place an "X" in the "Round Trip" column.

### Example #1:

	R O U N D T R I P	GROSS MILES TRAVELED	LESS DAILY COMMUTE	NET MILES CLAIMED
FROM: Air Base Elem.	X	4.0	0.0	4.0
TO: Post Office (123 Main Street, Miami, FL)				-Do Not Input- (on-line form will calculate)

### Example #2:

	R O U N D T R I P	GROSS MILES TRAVELED	LESS DAILY COMMUTE	NET MILES CLAIMED
FROM: Home	X	30.0	18.0	12.0
TO: Hyatt Hotel (456 Main Street, Miami, FL)				-Do Not Input- (on-line form will calculate)

8. When traveling to various locations in one day (other than your base of operations), and each trip is less than your daily commute, however, the total number of miles traveled in a day is **more** than your daily commute, do the following:
  - List each individual trip and the **complete address** (if not M-DCPS) of the sites visited. Input miles traveled in the "Gross Miles Traveled" column for each trip. Do not input the daily commute miles in the "Less Daily Commute" column **until the last trip of the day**. The on-line form will calculate the difference.



# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL

Page 1 of \_\_\_\_ Pages

DATE	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION NOTE: THE "FROM" AND "TO" MUST BE SPECIFIED	TRIP ROUND	PURPOSE	GROSS MILES TRAVELED	LESS DAILY COMMUTE	NET MILES CLAIMED
	FROM:					
	TO:					
	FROM:					
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### PLEASE READ BEFORE SIGNING OR APPROVING THIS DOCUMENT

When preparing this form, the following requirements **must** be met:

1. The period covered is not older than one (1) year.
2. Travel between the employee's home and the base of operation and back **(daily commute)**, is not being claimed (including weekends and holidays).
3. During a regular work day, the miles from home to base of operations to home **(daily commute)** have been subtracted, and only the "above normal" mileage is being claimed.
4. Whenever the point of origin or destination is not a M-DCPS location, the **complete address** has been indicated.
5. The reimbursement amount is more than \$50.00 (except during June).

MILES - THIS PAGE ONLY	Mi.
TOTAL MILES - ALL PAGES	Mi.
RATE PER MILE	@ ____ Mi.
TOTAL MILEAGE ALLOWANCE	\$
* TOLLS	\$
* PARKING	\$
* REGISTRATION FEES	\$
<b>TOTAL REIMBURSEMENT</b>	<b>\$</b>

\* ORIGINAL RECEIPTS, NEATLY TAPED (DO NOT OVERLAP) TO AN 8 1/2 X 11 SHEET OF PAPER, MUST ACCOMPANY THIS FORM.

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_ PAY CODE \_\_\_\_\_

WORK LOC. \_\_\_\_\_ OBJECT \_\_\_\_\_ PROGRAM \_\_\_\_\_ FUNCTION \_\_\_\_\_ CHARGE LOC. \_\_\_\_\_ PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**5330**

BASE WORK LOC. \_\_\_\_\_

*I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes, Regulations of the State Board of Education, and the Policies of The School Board of Miami-Dade County, Florida.*

Verified, Approved and Certified by:

Supervisor of Charge Location - Typed

Payee \_\_\_\_\_

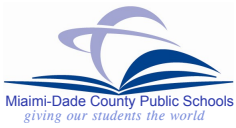
Employee Name - Typed

Signature

Signature

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



# **MIAMI-DADE COUNTY PUBLIC SCHOOLS** **VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL**

Page \_\_\_\_ of \_\_\_\_ Pages

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TOTAL MILES (THIS PAGE ONLY) Mi.

(ADD TOTAL MILES AND REPORT CUMULATIVE TOTAL ON PAGE 1)

EMPLOYEE NAME (Typed) \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_ PAY CODE \_\_\_\_\_



# MIAMI-DADE COUNTY PUBLIC SCHOOLS VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL

Page \_\_\_\_ of \_\_\_\_ Pages

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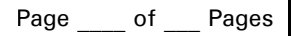
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EMPLOYEE NAME (Typed) \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_ PAY CODE \_\_\_\_\_

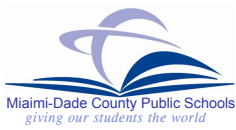












# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL

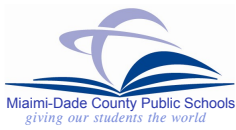
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(ADD TOTAL MILES AND REPORT CUMULATIVE TOTAL ON PAGE 1)

EMPLOYEE NAME (Typed) \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_ PAY CODE \_\_\_\_\_



# **MIAMI-DADE COUNTY PUBLIC SCHOOLS** **VOUCHER FOR REIMBURSEMENT OF IN-COUNTY TRAVEL**

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