FLORIDA STATE ASSOCIATION OF SUPERVISOR OF ELECTIONS, INC.
EXPENSE REPORT

NAME _____
ADDRESS:_____
_____

NATURE OF BUSINESS:_____
_____
GOODS & SERVICES EXPENSES:_____
_____

Date	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Per Diem or Meals	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses	
							Amount	Type
				$				
				$				
				$				
				$				
				$				
				$				
				$				
Date	**Goods & Services Description**	**Unit Price**	**Quantity**	**Total**				
				$				
				$				
				$				
				$				
				$				
					Mi.			
					@ .555 ¢ Mi.			TOTAL
				$	$		$	$

I hereby certify or affirm that 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 agency; 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 in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

PAYEE SIGNATURE: _____

TITLE: _____ **DATE:**_____

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the State of Florida and was performed for the purposes(s) stated above:

SUPERVISOR SIGNATURE: _____

SUPERVISOR TITLE: _____

DATE: _____

(FOR AGENCY USE)

Per Diem Allowance – $ 7.00 Breakfast $11.00 Lunch 23.00 Dinner
Mileage Allowance – $ .555 ¢ Mile
Meals as Shown – $ _____ (Initial)

Approved by: _____Date: _____
(FSASE Committee Chair)

Approved by: _____Date: _____
(FSASE President)

PAID: _____Date: _____
(FSASE General Counsel/Ex. Dir.) (Check No.)