

Travel Performed By Common Carrier Or State Vehicle

NOTE: If travel was performed by common Carrier and paid for personally, receipt must be furnished

Date	Ticket Number or State Vehicle Number	FROM	TO	Amount	Name of Common Carrier or State Agency Owning Vehicle

STATE OF FLORIDA PURCHASING CARD CHARGES

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount
Total Purchasing Card Reimbursable Charges			

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount
(THIS AMOUNT MUST APPEAR ON THE LINE "LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD:" ON THE REVERSE SIDE OF THIS			

Statement of Benefits to the State (Conference or Convention)