

OFFICE OF THE COMPTROLLER  
STATE OF FLORIDA  
Application for Advance on Travel Expense

Payee: \_\_\_\_\_ ID # \_\_\_\_\_  
Headquarters: \_\_\_\_\_ INDEX: \_\_\_\_\_  
Travel Period: \_\_\_\_\_ thru \_\_\_\_\_ Destination: \_\_\_\_\_  
                    (date)                            (date)                            (from)                            (to)  
Type of Travel: Regular — Conference or — Convention  
Purpose of Travel: \_\_\_\_\_  
Justification: \_\_\_\_\_

Estimated Cost of Travel:  
  \* \$ \_\_\_\_\_ per day x \_\_\_\_\_ days = \$ \_\_\_\_\_  
\*\* Transportation, if privately  
  owned vehicle: \$ \_\_\_\_\_

Incidental Expenses:  
Type: \_\_\_\_\_  
Type: \_\_\_\_\_

Total Incidental Expenses: \$ \_\_\_\_\_  
Total Estimated Expenses: \$ \_\_\_\_\_ (x 80%)  
- Travel Advance Allowed: \$ \_\_\_\_\_

\*\* If the per day allowance exceeds \$80.00, an explanation must be furnished.  
\*\* Estimated cost for common carrier and rental charges billed directly to the state shall not be included in travel advance calculation.

I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties of the Agency; attendance at a conference or convention directly relates to the official duties of the Agency; any meals or lodging included in a registration fee have been deducted from this travel advance request. If the travel advance exceeds the actual travel expenses incurred, I will refund to the State of Florida the remaining unexpended funds within 30 days after completion of the travel period.

Employee Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Pursuant to Section 112.061, Florida Statutes, I hereby do certify or affirm that the above anticipated travel will be on official business of the State of Florida.

Supervisor Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Prepared: \_\_\_\_\_