

TRAVEL VOUCHER/IN-COUNTY

BROWARD COMMUNITY COLLEGE

Name: _____ Social Security # _____

Cost Center Name: _____ Cost Center # _____

Mailing Address: _____

Purpose of Travel: _____

DATE	FROM POINT OF ORIGIN	TO DESTINATION	AUTO MILEAGE
TOTAL			

CERTIFICATION:

“This is to certify that I have not received and/r will receive compensation of any portion of the reimbursement for traveling expenses claimed from any source, other than Broward Community College, that is not authorized by Board policies; and to affirm that above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties.”

PAYEE

SIGNATURE: _____ DATE: _____

CERTIFICATION BY APPROVING COLLEGE ADMINISTRATOR:

“Pursuant to Board Policies related to traveling expenses, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the College and was performed for the purpose(s) stated above.”

NAME: _____ TITLE: _____ DATE: _____

A/R NO. SOCIAL SECURITY NO.	EMCUMBRANCE NUMBER	COST CENTER NO.	G.L. CODE	TRANS CODE	LIQUIDATE EMCUMB.	PAY AMOUNT
TOTAL PAY						

DATE _____ PROCESSED BY _____ TITLE _____