

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
VOUCHER FOR IN-COUNTY TRAVEL REIMBURSEMENT  
AND  
MONTHLY VISITATION REPORT  
FOR  
VOCATIONAL COOPERATIVE TEACHERS**

,20

Cooperative Teacher \_\_\_\_\_

Month of \_\_\_\_\_

School \_\_\_\_\_

Program Area \_\_\_\_\_

**AS OF THIS REPORT:**

ROUND TRIP MILEAGE FROM HOME TO SCHOOL: \_\_\_\_\_ TOTAL NUMBER OF STUDENTS ENROLLED: \_\_\_\_\_ TOTAL NUMBER OF ENROLLED STUDENTS UNEMPLOYED: \_\_\_\_\_

DATE	TIME		PERSON CONTACTED	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION TO NAME OF BUSINESS OR LOCATION COMPLETE ADDRESS	RT OR UN ID P	AUTO MILEAGE CLAIMED	PURPOSE/ STUDENT VISITED/ RESULTS OF VISIT
	BEG.	END.					
				*FROM: TO:			
				*FROM: TO:			
				*FROM: TO:			
				*FROM: TO:			

\*Round trip mileage starts and ends at school site \_\_\_\_\_  
initials

MILES - THIS PAGE ONLY \_\_\_\_\_ Mi.

TOTAL MILES TRAVELED (CUMULATIVE ) ALL PAGES \_\_\_\_\_ Mi.

RATE PER MILE @ \_\_\_\_\_ /Mi.

EMPLOYEE NAME \_\_\_\_\_

TOTAL MILEAGE ALLOWANCE \$ \_\_\_\_\_

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

\* TOLLS \$ \_\_\_\_\_

WORK LOC.	OBJECT	PROGRAM	FUNCTION	CHARGE LOC.

\* PARKING \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

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

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, Regulation of the State Board of Education, and the rules of the School Board of Miami-Dade County, Florida.

**Approved and Certified by:**

PAYEE \_\_\_\_\_  
*(Signature of Employee)*

Copy Distribution (1 copy each):

\_\_\_\_\_  
*(Principal's Signature)*

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Principal  
Vocational Program Supervisor (original)  
Instructor

TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PROGRAM SUPERVISOR'S INITIALS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

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CONTINUATION SHEET**

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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 \_\_\_\_\_

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