

**Florida Developmental
Disabilities Council, Inc.**
Travel Reimbursement(rev.7/01/11)
124 Marriott Drive., Suite 203
Tallahassee, FL 32301 800.580.7801 toll free

Payee _____
Address _____
Address _____
Phone _____
Purpose _____

ATTACH ORIGINAL RECEIPTS

**Signature required at bottom of form*

Date (MM/DD/YYYY)						
Section A:						
Trip - Origin						
Trip - Destination						
Time-Departed (First day of trip only)						
Time-Returned (Last day of trip only)						
Section B:						Total
Number of Miles per day						
Sub-Total for Section B (Miles multiplied by \$0.555)						
Section C:						Total
Airfare/Train						\$
Hotel/Lodging						\$
Parking						\$
Tolls(\$3 without receipts per round trip)						\$
Portage(\$10 per round trip)						\$
Special Assistance Portage(up to \$10 per day w/ explanation)						\$
Registration						\$
Rental Car						\$
Rental Car - Fuel						\$
Taxi						\$
PCA Services (invoice required)						\$
Sub-Total for Section C						\$
Section D: Meals						Total
Breakfast (\$10)						\$
Lunch (\$10)						\$
Dinner (\$20)						\$
Sub-Total for Section D						\$
Total Per Day:						Grand Total
Total (Sum of Sections B, C, & D Sub-Totals)	\$	\$	\$	\$	\$	\$

For Internal Use Only

Prog Apprvl _____ date _____

Account _____

ExecDir Apprvl _____ date _____

Prepared by _____

Reviewed by _____

I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the expenses were actually incurred by me or allowed in accordance with Council travel policy as necessary in the performance of Council Business; and that these expenses have not and will not be reimbursed by another agency or entity.

Traveler's Signature _____ date _____

Instructions:

Section A:

- Trip-Origin is the city where your trip began.
- Trip-Destination is the city you are traveling to on that day.
- Time-Departed will reflect the time you began travel in your origin city on your first day of travel.
- Time-Returned will reflect the time you conclude your travel on the last day of your trip.

Section B:

- Number of Miles per day reflects the number of miles you travel from your origin to your destination (if applicable).
- Sub-Total for Section B - Multiply the Number of Miles per day by \$.555 and enter the total.

Section C: (Original Receipts required for all items in this section, with the exception of portage.)

- Airfare/Train - Enter the total paid for your airfare. If FDDC paid for your airfare via our travel agency then please write "Paid for by FDDC".
- Hotel/Lodging - Enter your hotel/lodging cost per day. If FDDC paid for your hotel/lodging via our travel agency or if your hotel bill was put on a master bill then please write "Paid for by FDDC".
- Parking - Enter total paid for parking on the day the bill was paid. Include receipts with Travel Reimbursement form.
- Tolls – Enter total paid for tolls on the day the bill was paid. See Travel Policy for guidelines.
- Portage - Enter the amount paid for portage for each day. See Travel Policy for guidelines.
- Special Assistance Portage – Enter the amount paid for special assistance portage for each day. See Travel Policy for guidelines.
- Registration - Enter the amount paid for registration for conferences or conventions. If FDDC paid for your registration please write "Paid for by FDDC".
- Rental Car - Enter the amount paid for your rental car on the day the payment is made. Include receipt with Travel Reimbursement form.
- Rental Car-Fuel - Enter the amount paid for fuel bought for your rental car.
- Taxi - Enter total amount paid for taxi service on each day of your trip.
- PCA Services - Enter the amount paid for PCA Services per day. See Travel Policy for guidelines.
- Sub-Total for Section C - Enter the sum off all charges from Section C only for each day.

Section D:

- Meals - Enter dollar amount of the meal allowance(s) you are eligible to receive according to the time line in the travel policy. If a meal was provided please write "Provided".
- Sub-Total for Section D – Add the amounts per day of meals you are eligible to receive. Enter the amount of meal reimbursement per day.

Total (Sum of Sections B, C, &D Sub-Totals)

- Add the sub-total for sections B, C, & D and enter the total for each day.
- Add each row across and enter the total for each row in the far right box.
- Add all the totals in the last column and enter the total in the bottom right box.
- Add all the totals across the last row. This total should equal the total you got for the last column.

Make certain that you have signed your Travel Reimbursement form and mail it to:

FDDC Travel Reimbursements
124 Marriott Drive
Suite 203
Tallahassee, FL 32301

An original signature is required for processing. Faxes or copies will not be accepted.