

DEPARTMENT OF JUVENILE JUSTICE



State of Florida AUTHORIZATION TO INCUR TRAVEL EXPENSE

State of Florida Authorization to Incur Travel Expenses	Name:		Official Headquarters:		Date:	
	Department: Department of Juvenile Justice		Division:			
Purpose of Trip:				Departure Date	Return Date	Total Days
Number of Employees in Authorization						
Destination:						
Travel: Explanation/Justification of Mission Critical Travel				Departure Time	Return Time	Trip Number
Travel to be paid by <input type="checkbox"/> State, <input type="checkbox"/> Grant _____ (name or number of grant) or <input type="checkbox"/> Other.						
Total Estimated Per Diem:						
Registration Fee:						
Car/Vehicle Used:	Daily Rental Rate for Class	Days Rented or Driven		Mileage Rate	Total Vehicle Cost	
<input type="checkbox"/> State Vehicle						
<input type="checkbox"/> Rental Vehicle						
<input type="checkbox"/> Personal Vehicle						
Hotel:		Confirmation #	Rate	Nights	Cost	
Airline:	Departure Flight	Time	Return Flight	Time	Cost	
TOTAL ESTIMATED COST FOR TRIP:						
Comments: If a cost is not incurred for one of the above travel expense categories, please provide an explanation (for example, no hotel expense – Traveler is staying with family or friends, or no per diem being requested by Traveler).						
EstMiles ¹						
I hereby certify that travel as shown above is to be incurred in connection with official business of the State						
Signature:	Approved by Supervisor:	Date	Approved by Deputy Secretary/Chief of Staff:	Date		
Approved – Agency Head:		Date	Approved – Executive Office of Governor <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	