

APPENDIX A
AUTHORIZATION TO INCUR TRAVEL EXPENSE
FORM DFS-AA-13
(formerly FORM C-676C)

Instructions for completion of the Authorization to Incur Travel Expense, Form DBF-AA-13 are given below. Numbers 1 through 53 correspond to the attached facsimile (page three of this appendix).

Blank #	Instructions
(1)	Name - Name of the traveler.
(2)	Official Headquarters - City or town of traveler's official headquarters.
(3)	Date - Date the Form DFS-AA-13 is prepared.
(4)	Division – Administrative Services, Detention, Prevention & Victim Services, Probation, Residential Services
(5)	Purpose of Trip – Indicate the purpose of trip, title of conference or convention to be attended etc., keeping in mind current travel restrictions.
(6)	Number of Employees in Authorization – Enter the number of employees included in this authorization.
(7)	Destination - Indicate destination.
(8)	Travel: Explanation/Justification of Mission Critical Travel – Provide explanation/justification that requested travel is in keeping with the Department's critical mission(s)
(9)	Departure Date – Enter date of departure (M/D/YY).
(10)	Return Date – Enter date of return (M/D/YY)
(11)	Total Days – Enter total travel days based on departure and return.
(12)	Departure Time - Enter time of departure (H:MM am or pm).
(13)	Return Time - Enter time of return (H:MM am or pm).
(14)	Trip Number – If assigned, enter trip number.
(15)	Travel to be Paid by State/Grant/Other – Check appropriate box regarding funding source for travel. If grant funded, provide grant name or number.
(16)	Total Estimated Per Diem - Estimate the cost for per diem or lodging and meals.
(17)	Registration Fee – Enter registration fee if requesting attendance at conference or convention.
(18)	Car/Vehicle Used – Select and check the appropriate box regarding type of vehicle to be used.
(19)	Estimated Miles Driven – Enter the total estimated number of miles the state vehicle will be driven.
(20)	Mileage Rate – Estimated mileage rate for state vehicles. Read Only Field
(21)	Total Vehicle Cost – “Estimated Total Miles Driven” X “Mileage Rate” (automatically calculated in the PDF version of form).
(22)	Daily Rental Rate for Class – Enter the state contract daily rental rate for the class of the rental vehicle.
(23)	Days Rented or Driven – Enter the number of days the rental vehicle is to be rented.

- (24) Total Estimated Miles Driven – Enter the total estimated number of miles the rental vehicle will be driven.
- (25) Mileage Rate – Estimated mileage rate for rental vehicles. Read Only Field
- (26) Total Vehicle Cost – “Daily Rental Rate for Class” X “Days Rented” X “Estimated Miles Driven” X “Mileage Rate” (automatically calculated in the PDF version of form).
- (27) Total Estimated Miles Driven – Enter the total estimated number of miles the personal vehicle will be driven.
- (28) Mileage Rate – Mileage rate for use of personnel vehicles. Read Only Field
- (29) Total Vehicle Cost – “Estimated Total Miles Driven” X “Mileage Rate” (automatically calculated in the PDF version of form).
- (30) Hotel – Enter the name of the hotel for the person requesting authorization to travel.
- (31) Confirmation# - Enter the confirmation number for the hotel.
- (32) Rate - Enter the hotel rate for this request.
- (33) Nights - Enter the number of nights the traveler is staying in the hotel.
- (34) Cost - Hotel cost calculated based on “Rate” X “Nights” (automatically calculated in the PDF version of form).
- (35) Airline - Enter the name of the airline for the person requesting authorization to travel.
- (36) Departure Flight - Enter departure flight number information.
- (37) Time - Enter the flight departure time (H:MM am or pm) for this request.
- (38) Return Flight - Enter return flight number information.
- (39) Time - Enter the flight return time (H:MM am or pm) for this request.
- (40) Cost - Enter the cost for airline tickets.
- (41) Total Estimated Cost for Trip – Sum of “Total Estimated Per Diem” + “Registration Fee” + “Total Vehicle Cost” (either state, rental or personal vehicle) + “Hotel Cost” + “Airline” (automatically calculated in the PDF version of form).
- (42) Comments - Provide any additional comments regarding this request, including an explanation if no cost is to be incurred in any of the travel expense categories.
- (43) Signature – Signature of Traveler certifying that the main purpose of the travel shown is in connection with official business of the state.
- (44) Approved by Supervisor - Signature of Supervisor or person with delegated authority to authorize travel.
- (45) Date – Date Supervisor approved travel request (M/D/YY).
- (46) Approved by Deputy Secretary or Chief of Staff - Signature of Deputy Secretary or Chief of Staff approving travel.
- (47) Date – Date Deputy Secretary or Chief of Staff approved travel request (M/D/YY).
- (48) Approved Agency Head - Signature of Secretary approving travel request.
- (49) Date – Date Secretary approved travel request (M/D/YY).
- (50) Approved Executive Office of Governor – Check box approval (Yes or No) and Signature of Executive Office of Governor approving travel request.
- (51) Date – Date Executive Office of Governor approved travel request (M/D/YY).



DEPARTMENT OF JUVENILE JUSTICE

State of Florida AUTHORIZATION TO INCUR TRAVEL EXPENSE

State of Florida Authorization to Incur Travel Expenses	Name: (1)	Official Headquarters: (2)		Date: (3)	
	Department: Department of Juvenile Justice		Division: (4)		
Purpose of Trip:	(5)	Departure Date (9)	Return Date (10)	Total Days (11)	
Number of Employees in Authorization	(6)				
Destination:	(7)				
Travel: Explanation/Justification of Mission Critical Travel (8)		Departure Time (12)	Return Time (13)	Trip Number (14)	
Travel to be paid by <input type="checkbox"/> State, <input type="checkbox"/> Grant (15) (name or number of grant) or <input type="checkbox"/> Other.					
Total Estimated Per Diem: (16)					
Registration Fee: (17)					
Car/Vehicle Used: (18)	Daily Rental Rate for Class	Days Rented or Driven	Est. Total Miles Driven	Mileage Rate	Total Vehicle Cost
<input type="checkbox"/> State Vehicle			(19)	\$0.19 (20)	(21)
<input type="checkbox"/> Rental Vehicle	(22)	(23)	(24)	\$0.19 (25)	(26)
<input type="checkbox"/> Personal Vehicle			(27)	\$0.445 (28)	(29)
Hotel:	(30)	Confirmation # (31)	Rate (32)	Nights (33)	Cost (34)
Airline: (35)	Departure Flight (36)	Time (37)	Return Flight (38)	Time (39)	Cost (40)
TOTAL ESTIMATED COST FOR TRIP: (41)					
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). (42)					
EstMiles1					
I hereby certify that travel as shown above is to be incurred in connection with official business of the State					
Signature: (43)	Approved by Supervisor: (44)	Date (45)	Approved by Deputy Secretary/Chief of Staff: (46)	Date (47)	
Approved – Agency Head: (48)		Date (49)	Approved – Executive Office of Governor <input type="checkbox"/> Yes <input type="checkbox"/> No (50)	Date (51)	