

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

**PER DIEM TRAVELING EXPENSES
REIMBURSEMENT FORM**

Employee Name: _____ ID# _____ Station _____

PLEASE PRINT & **ATTACH RECEIPTS**

Date	*Meal Expenses <small>(amount on receipts and description up to \$36 total allowance/day: \$6/Breakfast, \$11/Lunch & \$19/Dinner)</small>	*Lodging Expenses	*Incidental Expenses	Total Daily Amount
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

TOTALS

\$

I do solemnly swear (or affirm) that this travel reimbursement form is just and true in all respects; that payment has not been received by me, and that my travel was in the capacity of official business and conforms with Section 112.061 of the Florida Statutes.

Employee _____ Date _____

District Chief _____ Date _____

Fire Chief _____ Date _____

TO BE COMPLETED BY FINANCIAL ADMINISTRATOR

Paid to Employee (Date): _____ **By:** _____

Account # _____ **Check #** _____