

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

LOCAL TRAVELING EXPENSES

Employee Name/Title: _____ ID# _____ Station _____

PLEASE PRINT

Date	From/To	*Purpose	**Mileage	Amount
				\$
TOTALS				\$

I do solemnly swear (or affirm) that this travel account 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 # _____

*for tolls and parking...attach receipts

**mileage at current rate