COURT APPOINTED CONFLICT COUNSEL
WITNESS OR COUNSEL

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVEL EXPENSES

TRAVELER _____

SOCIAL SECURITY NO. _____

X NONEMPLOYEE IND. CONTRACTOR

ADDRESS _____

CITY/STATE

ZIP CODE _____

HEADQUARTERS _____

DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason	Hour of Departure And Hour of Return	Meals	Actual Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	
								Amount	Type
Statement of Benefits to the State: (Conference or Convention)				Column Total	Column Total	Mi. @ .29 Mi.		Column Total	Summary Total

Revolving Fund:	Advance:		
Check No. _____	Warrant No. _____		
Check Date _____	Warrant Date _____	NET AMOUNT ADVANCED TO TRAVELER	
Agency Voucher No. _____	Statewide Doc. No. _____	NET AMOUNT DUE TRAVELER	
	Agency Voucher No. _____	NET AMOUNT DUE STATE	

I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes

TRAVELER'S SIGNATURE: _____

*Important: If traveler is a witness, please have voucher for reimbursement signed by court-appointed counsel before submission for payment to the Justice Administrative Commission. →

SIGNATURE DATE : TITLE:

Pursuant to Section 112.061 (3) (a), Florida Statues, I hereby certify or affirm that to the best of my knowledge the travel was on official business of the State of Florida and was for the purpose(s) stated above.

ATTORNEY'S SIGNATURE: _____

PRINTED NAME/TITLE: _____

SIGNATURE DATE: _____ Authorization Order Attached: ☐

Contact Person: _____ Phone Number: _____

Form DBF-AA-15 (Rev. 06/97)