



Annual Travel Mileage Authorization (Travel Class C)

Name: Insert Name Here
Address: Insert Home Address Here
City: _____ State: _____ Zip: _____

Date: 7/1/2021

Date: 6/30/2022

Destination(s): Vicinity Travel

Purpose of Travel: Conducting Official CareerSource
Pinellas Business

Estimated Travel Mileage Expenses

Transportation:

Mileage _____ @ 0.445 \$ _____ -

Total: \$ _____ -

I understand, as part of my job duties, local vicinity travel may be required. For the period July 1st, 2021 through June 30th, 2022 local mileage will be reimbursed at a rate of 44.5 cents per mile.

I hereby certify that this travel form is true and correct in every manner; that the expenses were incurred by the undersigned as necessary travel expenses in the performance of my official duties; and the same conforms in every respect with the requirement of Section 112.061, Florida Statutes.

Travel Review & Authorization

Employee Signature: _____

Date: _____

Supervisor/Director
Signature: _____

Date: _____

President/CEO: _____

Date: _____