

COMBINED TRAVEL AND LEAVE OF ABSENCE FORMS

**Information**

**on**

**How to use this Workbook**

In order to use this workbook properly make sure you have done the following:

1. When you entered this workbook if you did NOT select ENABLE MACROS then exit the workbook, reenter the workbook (file), and select ENABLE MACROS. The spreadsheets will not work correctly if this is not done.
2. Save a copy to your computer under what ever name you choose. Once that is done, you should access the file on your computer to complete the forms. Please be aware that some fields are write protected. If you feel there is a field that is protected should not be, feel free to contact Kathy Jackson so that any corrections may be made.
3. The worksheet needs to be maximized in order to be able to see the TABS for the individual worksheets.

This workbook includes the five (5) worksheets listed below.

1. Info (the current worksheet)
2. In-County Instructions
3. In-County Form - includes "Leave of Absence" and "Expense Report" on one (1) form
4. Out-of-County Instructions
5. Out-of-County Form - includes "Leave of Absence" and "Expense Report" on one (1) form

**The remainder of this worksheet contains additional information on each of the five (5) worksheets. It is suggested you read this information before using or attempting to complete the forms contained in the worksheets.**

To enter each worksheet simply left mouse click on the individual **TAB's** at the bottom of the screen.

**Info**

This contains information on how to best use each worksheet. You are currently in this worksheet.

**In-County Instructions**

These instructions are best used by printing a copy of the instructions. To print follow the steps below:

1. Left mouse click on the "In-County Instructions" **TAB** below.
2. At the top of the screen is a picture of a printer, left mouse click that printer.

Looking at the printout - on the left side is a picture of the In-County form. Each space that requires input contains a number in parenthesis!. On the right side of the printout, is a more detailed description of what should be placed in the required spaces. Using this printout you may go to the "In-County form" **TAB** and complete the form.

**In-County Form**  
**includes "Leave of Absence" and "Expense Report" on one (1) form.**

Using the instructions from the previous worksheet, input the requested information. There are two (2) types of input. The first is simply typing in information and second includes left mouse clicks in a box. When you click in a box it will show a check mark. If you wish to remove the check mark, simply click the box again. Items (8) and (14) are the only spaces that require checkmarks.

With all spaces complete the worksheet will calculate the reimbursement.

**Out-of-County Instructions**

These instructions are best used by printing a copy of the instructions. To print follow the steps below.

1. Left mouse click on the "Out-of-County Instructions" **TAB** below.
2. At the top of the screen is a picture of a printer, left mouse click that printer.

Looking at the printout - on the left side is a picture of the Out-of-County form. Each space that requires input contains a number in parenthesis'. On the right side of the printout, is a more detailed description of what should be placed in the required spaces. Using this printout you may go to the "Out-of-County form" **TAB** and complete the form.

**Out-of-County Form**  
**includes "Leave of Absence" and "Expense Report" on one (1) form.**

Using the instructions from the previous worksheet, input the requested information. There are two (2) types of input. The first is simply typing in information and second includes left mouse clicks in a box. When you click in a box it will show a check mark. If you wish to remove the check mark, simply click the box again. Items (5) and (6) are the only spaces that require checkmarks.

With all spaces complete the worksheet will calculate the reimbursement.





| THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA<br>OUT-OF-COUNTY TRAVEL EXPENSE REPORT   |                    |   |          |   |                 |  |                       |
|--|--------------------|---|----------|---|-----------------|--|-----------------------|
| OUT-OF-COUNTY LEAVE OF ABSENCE - APPROVAL  |                    |   |          |   |                 |  |                       |
| Traveler's Name:   |                    | Traveler's Employee ID:                 |          | Employee's Home Base<br>(school or dept):   |                 |  |                       |
| (1)  |                    | 100(2)                                  |          | (3)   |                 |  |                       |
| Mailing Address  |                    |   |          | (8) Type of Leave:                          |                 |  |                       |
| Street: (4)  |                    |   |          | <input type="checkbox"/> LOD - Line of Duty |                 |  |                       |
| City: (5)  |                    | State: (6)                              |          | Zip: (7)                                    |                 | <input type="checkbox"/> Prof - Professional |                       |
| Purpose of Trip:   |                    |   |          | Dates of Trip:                              |                 |  |                       |
| (9)  |                    |   |          | From: (10)                                  |                 | To: (11)                                     |                       |
| Required Signature:  |                    |   |          |   |                 |  |                       |
| Traveler's Signature (12)  |                    |   |          | Date  |                 | Approval Signature (13)                      |                       |
|  |                    |   |          | Date  |                 |  |                       |
| OUT-OF-COUNTY TRAVEL EXPENSE REPORT  |                    |   |          |   |                 |  |                       |
| (14) Travel Method   |                    |   |          | Departure and Arrival Times                 |                 |  |                       |
| <input type="checkbox"/> County Vehicle  |                    | <input type="checkbox"/> Car Pool       |          | AM  |                 | PM   |                       |
| <input type="checkbox"/> Personal Vehicle  |                    | <input type="checkbox"/> Rental Vehicle |          | Time of Departure: _____ (15)               |                 |  |                       |
| <input type="checkbox"/> Airline   |                    | <input type="checkbox"/> Other _____    |          | Time of Return: _____ (16)                  |                 |  |                       |
| DATE   | ITINERARY          |   |          | BEGINNING ODOMETER                          | ENDING ODOMETER |  | MILEAGE               |
| (17)   | FROM (18)          | TO (19)                                 |          | (20)  | (21)            |  | 0.0                   |
| Vicinity Mileage   |                    |   |          |   |                 |  | 0.0                   |
| Total miles  |                    |   |          |   |                 |  | 0.0                   |
| Total @\$ .55 per mile   |                    |   |          |   |                 | A  | \$ -                  |
| Actual Dates   | (22)               | (22)                                    | (22)     | (22)  | (22)            | (22)   | (22)                  |
| Days of the Week   | Sun                | Mon                                     | Tues     | Wed   | Thur            | Fri  | Sat                   |
| Per Diem (\$80)  | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Lodging   | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Breakfast (\$6)   | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Lunch (\$11)  | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Dinner (\$19)   | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Registration  | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Communication   | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Toll Fees   | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Parking Fees  | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
| *Taxi & Limousine  | (23)               | (23)                                    | (23)     | (23)  | (23)            | (23)   | (23)                  |
|  |                    |   |          | Total Expenses (B-K)                        |                 |  | \$ -                  |
| *Receipts Required for Reimbursement   |                    |   |          | Total Mileage Expense (A)                   |                 |  | \$ -                  |
|  |                    |   |          | Minus Travel Advance                        |                 |  | (24)                  |
| TOTAL CLAIM FOR REIMBURSEMENT  |                    |   |          |   |                 |  | \$ -                  |
| <b>I certify that the above is a true and correct statement of travel expenses incurred in the conduct of Board business for a public purpose authorized by law.</b> |                    |   |          |   |                 |  |                       |
| Traveler's Signature (25)  |                    |   |          | Approval Signature (26)                     |                 |  |                       |
| Date   |                    |   |          | Date  |                 |  |                       |
|  |                    |   |          | (26)  |                 |  |                       |
|  |                    |   |          | Print of Type - Approver's Title            |                 |  |                       |
| Fund   | School/Dept Number | Project                                 | Function | Object                                      | Prog. Code      |  | Purchase Order Number |
| (27)   | (28)               | (29)                                    | (30)     | (31)  | (32)            |  | (33)                  |

INSTRUCTIONS  
for  
OUT-OF-COUNTY TRAVEL LEAVE OF ABSENCE AND EXPENSE REPORT

The form is broken into two (2) parts. They are "Out-of-County Leave of Absence" and "Out-of-County Travel Expense Report". Below are explanations of what should be input in to each blank of the form. Items 1-13 belong to the "Out-of-County Leave of Absence" and items 14-33 belong to the "Out-of-County Travel Expense Report".

**LEAVE OF ABSENCE**

(1) Enter the traveler's name.  
 (2) Enter the last five (5) digits of the traveler's employee ID (this is their vendor number).  
 (3) Enter the name of the traveler's home base. That is their home school or department.

Items 4-7 make up the traveler's mailing address.

(4) Enter the street name and number.  
 (5) Enter the city name.  
 (6) Enter the state.  
 (7) Enter the zipcode.

(8) Check the box for the type of leave.  
 LOD - Line of Duty  
 Prof - Professional

(9) Enter the purpose of the trip. A MAXIMUM of two (2) lines may be used.  
 (10) Enter the beginning date of the trip. Ex 12/03/03.  
 (11) Enter the return date of the trip.  
 (12) The traveler should sign and date designating their request to travel.  
 (13) The approver should sign and date designating their approval of the travel.

**Travel Expense Report**

(14) Check the box for proper travel method.  
 (15) Enter the time of departure either under AM or PM. EX 12:00 under AM  
 (16) Enter the time of return either under AM or PM. EX 12:00 under AM  
 (17) Enter the date you drove your personal vehicle. Ex 12/03/03  
 (18) Enter the place the traveler is leaving from.  
 (19) Enter the place the traveler is traveling to.  
 (20) Enter the beginning odometer reading. The reading at the place the traveler is leaving from.  
 (21) Enter the ending odometer reading. The reading at the place the traveler is traveling to.  
 (22) Enter the date you spent money. There are seven spaces, one for each day of the week.  
 (23) Fill in only the applicable spaces. Please remember the following guidelines:  
     o Per Diem is \$80 per day. This cannot be used if your hotel room is being paid for by the Board.  
     o Meal Allowances are as follows:  
         Breakfast - \$6.00 When travel begins before 6:00 AM and extends beyond 8:00 AM.  
         Lunch - \$11.00 When travel begins before 12:00 noon and extends beyond 2:00 PM.  
         Dinner - \$19.00 When travel begins before 6:00 PM and extends beyond 8:00 PM.  
     o Written receipts for actual costs of lodging, parking, transportation, registration, rental car, commercial carrier, tolls, communications, or other services **are required**.  
 (24) Very rarely used. If an advance was received, input the amount here.  
 (25) The traveler should sign and date designating their request for reimbursement of travel.  
 (26) The approver should sign and date designating their approval of the travel reimbursement and also print or type the title of the approver.

Items 27-33 make up the accounting string these dollars will charge.

(27) Enter the fund.  
 (28) Enter the school number or the department number.  
 (29) Enter the project number.  
 (30) Enter the function.  
 (31) The object code should be 332. If there are charges that should go to another object code.  
 (32) Enter the program code if applicable.  
 (33) Enter the Purchase Order Number applicable to this Travel Expense Report

**ADDITIONAL INFORMATION:**

**ALL CONFERENCE, CONVENTION, AND WORKSHOP/TRAINING TRAVEL SHALL BE SUPPORTED BY A COPY OF THE AGENDA OR PROGRAM.**

|  |                    |   |                     |        |                             |  |                       |         |       |
|--|--------------------|---|---------------------|--------|-----------------------------|--|-----------------------|---------|-------|
| <b>THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA<br/>OUT-OF-COUNTY TRAVEL EXPENSE REPORT</b>   |                    |   |                     |        |                             |  |                       |         |       |
| <b>OUT-OF-COUNTY LEAVE OF ABSENCE - APPROVAL</b>   |                    |   |                     |        |                             |  |                       |         |       |
| Traveler's Name:   |                    |   | Employee ID:<br>100 |        |                             | Employee's Home Base (school or dept):       |                       |         |       |
| Mailing Address  |                    |   |                     |        |                             | Type of Leave:                               |                       |         |       |
| Street:  |                    |   |                     |        |                             | <input type="checkbox"/> LOD - Line of Duty  |                       |         |       |
| City:  |                    | State:                                  |                     | Zip:   |                             | <input type="checkbox"/> PROF - Professional |                       |         |       |
| Purpose of Trip:   |                    |   |                     |        |                             | Dates of Trip:                               |                       |         |       |
|  |                    |   |                     |        |                             | From:  |                       |         |       |
|  |                    |   |                     |        |                             | To:  |                       |         |       |
| Required Signatures:   |                    |   |                     |        |                             |  |                       |         |       |
| Traveler's Signature   |                    |   |                     |        | Date                        |  |                       |         |       |
| Approval Signature   |                    |   |                     |        | Date                        |  |                       |         |       |
| <b>OUT-OF-COUNTY TRAVEL EXPENSE REPORT</b>   |                    |   |                     |        |                             |  |                       |         |       |
| Travel Method  |                    |   |                     |        | Departure and Arrival Trims |  |                       |         |       |
| <input type="checkbox"/> County Vehicle  |                    | <input type="checkbox"/> Car Pool       |                     |        | AM                          |  | PM                    |         |       |
| <input type="checkbox"/> Personal Vehicle  |                    | <input type="checkbox"/> Rental Vehicle |                     |        | Time of Departure: _____    |  |                       |         |       |
| <input type="checkbox"/> Airline   |                    | <input type="checkbox"/> Other _____    |                     |        | Time of Return: _____       |  |                       |         |       |
| Date   | Travel Itinerary   |   |                     |        | Beginning Odometer          | Ending Odometer                              |                       | Mileage |       |
|  | From               | To                                      |                     |        |                             |  |                       |         |       |
|  |                    |   |                     |        |                             |  |                       |         |       |
|  |                    |   |                     |        |                             |  |                       |         |       |
|  | Vicinity Mileage   |   |                     |        |                             |  |                       |         |       |
| Total Miles  |                    |   |                     |        |                             |  |                       |         |       |
| Total @ \$.55 per mile   |                    |   |                     |        |                             |  |                       | A       |       |
| Actual Dates   |                    |   |                     |        |                             |  |                       |         |       |
| Day of the Week  | Sun                | Mon                                     | Tues                | Wed    | Thur                        | Fri  | Sat                   |         | Total |
| Per Diem (\$80)  |                    |   |                     |        |                             |  |                       | B       |       |
| *Lodging   |                    |   |                     |        |                             |  |                       | C       |       |
| Breakfast (\$6)  |                    |   |                     |        |                             |  |                       | D       |       |
| Lunch (\$11)   |                    |   |                     |        |                             |  |                       | E       |       |
| Dinner (\$19)  |                    |   |                     |        |                             |  |                       | F       |       |
| *Registration  |                    |   |                     |        |                             |  |                       | G       |       |
| *Communication   |                    |   |                     |        |                             |  |                       | H       |       |
| *Toll Fees   |                    |   |                     |        |                             |  |                       | I       |       |
| *Parking Fees  |                    |   |                     |        |                             |  |                       | J       |       |
| *Taxi & Limousine  |                    |   |                     |        |                             |  |                       | K       |       |
| Total Expenses (B-K)   |                    |   |                     |        |                             |  |                       |         |       |
| *Receipts Required for Reimbursement   |                    |   |                     |        |                             |  |                       |         |       |
| Total Mileage Expense (A)  |                    |   |                     |        |                             |  |                       |         |       |
| Minus Travel Advance   |                    |   |                     |        |                             |  |                       |         |       |
| <b>TOTAL CLAIM FOR REIMBURSEMENT</b>   |                    |   |                     |        |                             |  |                       |         |       |
| <b>I certify that the above is a true and correct statement of travel expenses incurred in the<br/>conduct of Board business for a public purpose authorized by law.</b> |                    |   |                     |        |                             |  |                       |         |       |
| Traveler's Signature   |                    |   |                     |        | Date                        |  |                       |         |       |
| Approval Signature   |                    |   |                     |        | Date                        |  |                       |         |       |
| Print or Type - Approver's Title   |                    |   |                     |        |                             |  |                       |         |       |
| Fund   | School/Dept Number | Project                                 | Function            | Object | Program Code                |  | Purchase Order Number |         |       |
|  |                    |   |                     | 332    |                             |  |                       |         |       |