Florida Clerks of Court Operations Corporation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authorization to Incur Travel Expenses | Name |        | Title |       | Date |       |
| FL CCOC Headquarters | 2560-102 Barrington Circle, Tallahassee, FL 32308 |
|  |
| Purpose of Trip: |       |  | Departure Date | Return Date | Total Days |
|  |  |  |  |  |
| Destination: |       |  |       |       |       |
| Conference or convention travel: Explanation of benefits accruing to the FL CCOC. |  | Departure Time | Return Time | Trip Number |
|       |  |  |  |  |
|       |  |       |       |       |
|       |  |  |  |  |
| Total Estimated Per Diem: |  |  |  $     |  |
| Registration Fee: |  |  |  $     |  |
| Car Rental or Estimated Mileage |  |  |  $     |  |
| Hotel | Hotel | Confirm | Rate | Nights |  | Cost |  |  |
|  |       |       |  $     |       |  |  $     |  |  |
|  |  |  $     |  $     |  |
| Airline | Airline | Dep. Flight | Time | Ret. Flight | Time |  | Cost |  |  |
|  |       |       |       |       |       |  |  $     |  |  |
|  |  |  $     |  $     |  |
| TOTAL ESTIMATED COST FOR TRIP |  $     |  |
| Comments:  |  |
|       |
|       |
|  |
| I hereby certify that travel as shown above is to be incurred in connection with official business of the FL CCOC. |
| Employee Signed: | Approved by Deputy Executive Director: | Date | Approved by Executive Director | Date |
|  |  |  |  |  |