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 | | |
|  | | | | |  | | | | | | | | |  | |  | | |  | | |