

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT
TRAVEL SUMMARY RECORD**

Page ____ of ____

APPLICANT	PA ID	PROJECT	DISASTER NUMBER
LOCATION/SITE	CATEGORY	PERIOD COVERING From: _____ To: _____	

DESCRIPTION OF WORK PERFORMED

EMPLOYEE/VENDOR	TYPE OF EXPENSE/REIMBURSEMENTS, DIRECT PAID LODGING/MEALS	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
GRAND TOTAL:		\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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