FCC Travel and Purchasing Guidelines

Just like state agencies, Family Care Council (FCC) members must exercise care in spending tax dollars. The FCCs are required to comply with state expenditure guidelines and must follow the procedures for all purchases and travel as specified in the *"Reference Guide for State Expenditures*". The following guidelines are summarized from this manual. A copy of this reference guide is available online at myfloridacfo.com. Much of the information does not pertain to the FCCs; therefore, outlined here are some general guidelines.

TRAVEL OVERVIEW

All travel must be approved in advance by the local FCC members and APD. FCCs must document the approval of all sponsored travel requests in their meeting minutes. Councils may approve a one-time travel sponsorship to applicants being considered for membership by the Governor's Office.

The "*Authorization to Incur Travel Expenses*" form (Attachment B-1) must be completed and fully approved prior to making any travel arrangements. Minutes must include the name of the traveler being reimbursed. Travel authorizations must be submitted to the agency at least two weeks before the date of travel.

The state of Florida requires all travelers to use the most economical method when traveling. If the traveler is requesting reimbursement for their expenses, they must submit the "*Voucher for Reimbursement of Traveling Expenses*" form (Attachment B-2). It is very important that travelers keep **receipts for all expenditures** (*except* meals). This includes receipts such as hotel, parking, tolls, airfare, rental cars, fuel (for rental cars only), and taxi fares. Travel reimbursements must be submitted to the agency within five days of the last day of travel.

Economical Transportation

Travelers will only be reimbursed the most economical mode of transportation. Travel by personal vehicle will be reimbursed at the approved state rate and will only be reimbursed if the cost is less than traveling by the state-contracted rental car. If reimbursement for mileage is more than the state-contracted rental rate, travelers will be reimbursed the state-contracted rental rate per day.

When using a personal vehicle, mileage must be recorded and submitted on the *Vicinity Map Mileage* form (Attachment B-3). Date, time, odometer readings, and mileage (start to finish) must all be recorded throughout the trip. FCC members should request a letter

of introduction from APD to ensure they receive the state-contracted rate at the time of vehicle pickup. Requests for a letter of introduction should be sent to the FCC Liaison.

State-Contracted Rental Car Vendor
Avis Budget Group
Reservation Portal: www.carrental.com/abgPartners/sof
Avis AWD Number: A113454
Budget BCD Number: T122000

ADA Accommodation Requests

If traveling by personal vehicle is necessary for Americans with Disabilities Act (ADA) accommodation, travelers must submit a written request along with a physician's note to the agency's ADA Coordinator for approval prior to the date of travel. Traveler's seeking an ADA accommodation approval should work with their FCC Liaison to submit the proper paperwork. Additional types of ADA accommodation requests include, but are not limited to, hotel pet fees for service animals, portage fees for assistance with transporting medical equipment, etc.

Lodging Reimbursement

A traveler will be reimbursed actual hotel expenditures and maximum meal allowance pursuant to section 112.061, F.S. The maximum allowable rate is $225, before taxes. If the room rate is over $225 per night, a written justification must be provided. Travelers seeking reimbursement for room rates above $225 without a written justification and approval prior to the date of travel will only be reimbursed up to the maximum allowable rate.

NOTE: A traveler will only be reimbursed for overnight stay if the distance traveled is greater than 50 miles.

- Hotel Costs Shared by Multiple Travelers
    - When multiple travelers share the hotel room and the bill is paid by one of the travelers, the traveler paying the bill will be reimbursed for the total amount of the bill. The traveler whose bill is being paid must file a reimbursement voucher and state on the voucher *"hotel room compliments of (name of person who paid)"*
    - If two travelers share a hotel room and split the bill, each traveler may claim one-half (½) of the hotel bill on their travel reimbursement voucher

Meal Allotment

Receipts for meals are not necessary since the state reimburses meals at a set rate.

NOTE: Overnight travel is required to claim meals. There is no meal allowance for same day trips.

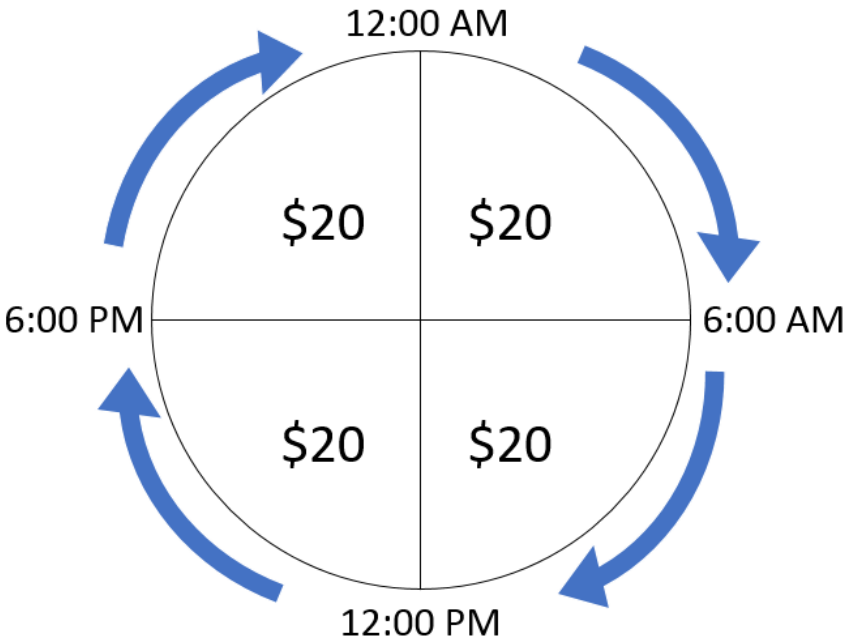
Meal Allotment Breakdown

Meal	Traveler Must Depart Before	AND Return After	To Claim Meal Allowance of
To claim **Breakfast**	6 AM	8 AM	$6
To claim **Lunch**	Noon	2 PM	$11
To claim **Dinner**	6 PM	8 PM	$19
To claim **ALL** meals	6 AM	8 PM	$36

Per Diem

Per Diem is an allowance for daily expenses in place of hotel and meal expenses. The maximum per diem allowed for each 24-hour period is $80. Per diem is computed at a rate of $20 per quarter-hour (see chart below) and is received on the last day of travel for overnight trips or when a traveler chooses to lodge at the home of family member or friend rather than a hotel. Additional expenses incurred (e.g., rental car, tolls, airfare, etc.) may be reimbursed with appropriate receipts.

Per Diem Chart



Incidental Travel Expenses

Tips and gratuities for baggage and taxis are reimbursable to no more than $1 per bag and a total of $5 per instance. Receipts are always required regardless of how much is spent.

Travel Reimbursements for Minors

The State of Florida is unable to issue travel reimbursement checks to children under the age of 18 and individuals who have a legal guardian. Requests for these travelers should be included on the parent or legal guardian's *Authorization to Incur Travel Expenses* and *Voucher for Reimbursement of Traveling Expenses* forms.

Travel Advances

A traveler may request an advance to cover up to 80 percent of estimated cost of travel. The advancement may include projected expenses such the costs of meals, airfare, hotel, and rental car. The traveler will be reimbursed the remaining 20 percent of the travel expense after they return and submit the required reimbursement paperwork.

Travel advances will not be authorized for less than $100 and travelers can only have one travel advance outstanding at any time. Travelers must submit the *"Application for Advance of Travel Expense* form (Attachment B-4) at least three weeks prior to the date of travel.

Travelers must submit travel reimbursements within five days of the last day of travel even if there are no funds due to the traveler. If a traveler receive a travel advanced in excess of the travel expenses allowed for a travel period, the traveler must reimburse the state the difference.

Travel Tips

Before you travel:

1. Submit travel request to local FCC for a vote of approval.
2. If an ADA accommodation is needed, submit a request and a physician's note to the FCC Liaison for agency approval.
3. If renting a vehicle, request a letter of introduction to ensure you receive the state-contracted rental rate at the time of vehicle pickup.
4. If approved, submit the *"Authorization to Incur Travel Expenses*" form and a copy of the FCC minutes documenting approval to the regional APD office for agency approval. Authorization forms must be submitted at least two weeks before the date of travel.

5. Do not travel until you receive official notification that the agency has approved the travel authorization.

While you travel:

1. Keep copies of all travel-related receipts (except meals – travelers will receive a meal allotment if approved by council)
2. Keep copies of agendas
3. Keep a record of odometer readings (only when driving personal vehicle)

After you return:

1. Submit all travel-related receipts and agendas to the regional APD office.
2. APD will assist you with completing the "*Voucher for Reimbursement of Traveling Expenses*" form and the *Vicinity Map Mileage* form (if applicable).
3. Verify address, signature, and dates on all forms.
4. Submit completed forms, along with a copy of the approved *"Authorization to Incur Travel Expenses"* form and the FCC minutes, to the regional APD office to process.

   The complete FCC travel reimbursement packet must include:

   a. *Voucher for Reimbursement of Traveling Expenses* form
   b. *Vicinity Map Mileage* form (if driving personal vehicle) **or** rental car and fuel receipts
   c. Meeting or conference agendas
   d. Copy of the approved *"Authorization to Incur Travel Expenses"* form
   e. Copy of the FCC minutes that documents council's approval to reimburse travel expenses.

FCC PURCHASING REQUESTS

All FCC purchases for goods and services must be acquired through state-approved or contracted vendors. Purchase requisitions are submitted by APD on behalf of the FCCs through the state's purchasing system, MyFloridaMarketPlace (MFMP). All FCC purchases must be approved by the council and documented in the council's minutes. After the council approves the expense, they should work with their local APD Liaison to submit their order.

Printed materials and outreach campaigns must be developed in collaboration with APD's Communications Office. See *"FCC Communications Protocol"* on page 35 of the *Family Care Council Guidebook*.

State funds cannot be expended to satisfy the personal preference of FCC members. In addition, state funds cannot be used to pay council or council members for rendering services such as transcription of minutes or event coordination. When in doubt about the appropriateness of a purchase, members should contact their APD Liaison or APD's Budget and Planning Office for clarification.

AUTHORIZATION TO INCUR TRAVEL EXPENSES

STATE OF FLORIDA AUTHORIZATION TO INCUR TRAVEL EXPENSES	NAME	OFFICIAL LOCATION	DATE
		UNIT Family Care Council	OFFICE PHONE NUMBER

DEPARTURE DATE:		RETURN DATE:		CONTACT PHONE NUMBER WHILE IN TRAVEL STATUS
DEPARTURE TIME:		RETURN TIME:		

DESTINATION AND PURPOSE OF TRIP	ESTIMATED COST									
	REGISTRATION FEE	PER DIEM	MEALS	AIRLINE	CAR RENTAL	GROUND TRANSPOR-TATION	MILEAGE	HOTEL	PARKING	MISC
Total Estimated Cost:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Verify Funding Available	Yes ☑	No ☐
Funding Source:		
ORG CODE	**EO**	**OCA**

Mission Critical:
Please insert the travel purpose that is critical to the agency from the Director's Travel letter below.

☐ Travel by the Florida Family Care Council staff and APD employees to attend meetings or conduct specific outreach initiatives as outlined in statute, or as directed by the External Affairs Director.

EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA.

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

SIGNED Date	APPROVED BY - UNIT SUPERVISOR Date
Budget Officer Date	APPROVED BY - AGENCY HEAD /DESIGNEE Date

Form DFS-AA-13

VOUCHER FOR REIMBURSEMENT OF TRAVELING EXPENSES

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF TRAVELING EXPENSES
---------- APD ----------

Payee _____ SSN _____
Address _____ Headquarters _____
City _____ City of Residence _____
Mark One: Regular Employee OPS Employee Nonemployee/Independent Contractor X Special Shift Hours

Date 2026	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Class A and B Meals	Per Diem or Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Incidental Expenses Amount	Incidental Expenses Type

This voucher must be date stamped at each location received to comply with F.S. 215.422.

	Column Total	Column Total		Column Total	SUMMARY TOTAL
			0 Miles		
			@ 0.445 $./mile		
Less non Reimbursable items included on purchasing card					
Less advance received					
Plus supplemental page					
NET AMOUNT DUE					

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expense in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statues.

Preparer's Name: _____
Preparer's Phone No.: _____

PAYEE'S SIGNATURE: _____ DATE _____

Pursuant to 112.061(3)(a),Florida Statute, I hereby certify or affirm that to the best of my knowledge the above travel was official business of the State of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: Title: DATE APPROVED:

ORG CODE _____ EO _____

PAYEE'S SSN _____ OCA _____

OBJECT	AMOUNT	OBJECT	AMOUNT
261038		261409	
261054		261514	
261104			
261204			
261304			

Form DFS-AA-15

VICINITY MAP MILEAGE

Audited By/Date:													
Department: Agency for Persons with Disabilities/Family Care Council								**Office Address:**					
Pay To:								**SSN:**					
Home Address:													
Org 67					**EO:**			**Date:**					
BE: 67100200				**FUND:** 000328				**Category:**					
Date	**Actual Point of Origin**	**Point of Destination**	**Purpose of Travel**	**If OnCall**	**Arrive Time**	**Depart Time**	**Begin Odometer**	**End Odometer**	**Map Mileage**	**Vicinity Mileage**	**Total Mileage**	**Incidental Type**	**Incidental Amount**
TOTAL(for ALL Pages): 1								**Mileage (Map & Vicinity)**				**Incidental**	

I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duties. This claim is true and correct in every material matter and conforms to every respect with the requirements of Section 112.061, Florida Statutes.

Traveler's Signature: _____ **Date:** _____

Pursuant to Section 112.061 (3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the State of Florida and performed for the purposes as stated above.

Supervisor's Signature: _____ **Date:** _____

Form C676 VM

OFFICE OF THE STATE COMPTROLLER
STATE OF FLORIDA

APPLICATION FOR ADVANCE OF TRAVEL EXPENSE

Payee: _____ SSN#: _____

Headquarters: _____ Department: APD/Family Care Council

Travel Period: _____ (date) thru _____ (date) Destination: _____ (from) (to)

Purpose of Travel: _____

Justification: The inclusion and involvement is pursuant to Chapter 393.502 (7) of the Florida Statutes.

ESTIMATED COST OF TRAVEL (Does not include costs directly billed):

$ _____ per day X _____ days = $ _____
If the per day allowance exceeds $80.00, an explanation must be furnished.

Mileage Private Vehicle – miles: _____ X $0.445 = $ _____

Incidental Expenses: Type Hotel - _____

Type Rental Car - _____

Total Incidental Expenses $ _____

Total Estimated Expenses $ _____

TOTAL TRAVEL ADVANCE ALLOWED
(Total Estimated Expenses X 80%) $ _____

I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention directly relates to the official duties of the Agency; any meals or lodging included in a registration fee have been deducted from this travel advance request. If the travel advance exceeds actual travel expenses incurred, I will refund to the State of Florida the remaining unexpended funds within 30 days after completion of the travel period.

Employee Signature: _____ Phone #: _____

Title: Family Care Council Member Date Prepared: _____

Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above anticipated travel will be on official business of the State of Florida.

Supervisor Signature: _____

Title: _____ Date Signed: _____

Date	Organization	EO	Object	Amount	Check #	Check Date

APPROVED (DISTRICT FISCAL OFFICER): _____