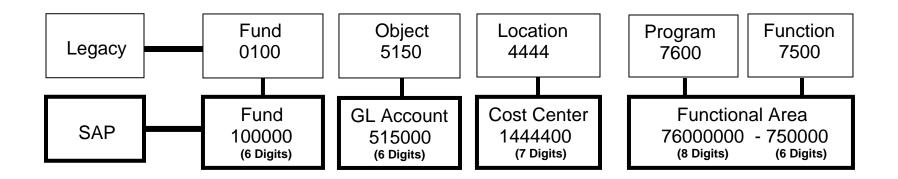
## **Translation of Legacy Structures to SAP Structures**

## This is only an <u>example</u>.

Please note that each location must use <u>their own</u> Fund, GL Account, Cost Center and Functional Area information.





## VOUCHER FOR REIMBURSEMENT OF MEALS FOR TRAVEL NOT REQUIRING AN OVERNIGHT STAY

DATE	LOCATION OF TRAVEL				AMOUNT	ACTUAI	. Т	IME:
OF TRAVEL					AMOUNT CLAIMED	DEPARTUR	E	RETURN
NOTE: THIS REIMBURSEMENT IS SUBJECT TO FEDERAL AND SOCIAL SECURITY TAXES. \$								
EMPLOYEE NAME PERSON ID or PERS ASSIG:								
COST CENT		CHARGE COST CENTER	FUND		CTIONAL AREA	WA	GE PE	GL ACCOUNT
						35	42	533500
I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes, Regulations of the State Board of Education, and the Policies of The School Board of Miami-Dade County, Florida.								
Verified, Approved and Certified By: Payee:								
Supervisor of Charge Cost Center- Typed				Employee Name (Typed)				
Signature				Signature				
Title			Date	Title			Date -4557	' Rev. (10-11)