Exhibit 1

STATE OF FLORIDA

REIMBURSEMENT VOUCHER

FOR EXPENSES OTHER THAN TRAVEL

Department		Appropriation			
Pay to					
-			-	Date	
Date		Receipts for all items	s \$1.00 and over mus	t accompany this Voucher Purpose	Amount
I do solemnly swear (or affirm that the amounts, scheduled above are just and true in all respects and were expended by the Department, Agency of Individual named for State purposes and that payment therefor has not been received.					
Approved for \$					
(signature)					gnature)
By					
				(Title)	
Title					
				(Date)	
					ibeb

Updated March 2003