

OFFICIAL DOMICILE:			TRAVEL PAYMENT				DOCUMENT NUMBER									
PURPOSE OF TRAVEL	NORMAL JOB DUTIES MEETING TRAINING	CONFERENCE/SEMINAR STAFF DEVELOPMENT	<input type="checkbox"/> OTHER (SPECIFY)													
NAME AND HOME ADDRESS			ALTERNATE ADDRESS (Send warrant to)			ACCOUNTING USE ONLY-REFERENCE ALL OTHER RELATED DOCUMENTS										
						DOC #	DATE PAID	DOC #	DATE PAID							
YEAR	TIME	TRAVEL			<input type="checkbox"/> State Vehicle <input type="checkbox"/> Personal Vehicle			MEALS			LODGING		Trans-Other Expenses			
MM/DD	LEFT	RETURN	FROM	TO	MILES	RATE	CHARGE	BREAKFAST	LUNCH	DINNER	TOTAL	REIMB TOTAL	ACTUAL	REIMB TOTAL	CODE	AMOUNT
TOTALS																
TRANS AND OTHER EXPENSE	A - AIR	F - LOCAL PHONE	R - REGISTRATION	O - OTHER (Specify)												
	B - BUS/CAB	L - LAUNDRY	S - SUPPLIES													
	D - LD PHONE	P - PARKING	T - TOLLS													
ROUTINE USE OF THIS FORM IS TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE THE ANNUAL SALARY BOOK.					DOCUMENT TOTAL Less Travel Advances Less Travel Pcard Payments REIMBURSEMENT REQUESTED											
CLAIMANT'S CERTIFICATION					DEPARTMENT CERTIFICATION											
I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.					I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY											
					CODE OR CHAPTER SECTIONS(S)											
COMMUTING MILES EXCL?	<input type="checkbox"/> Y <input type="checkbox"/> N	INCLDS VICINITY MILES?	<input type="checkbox"/> Y <input type="checkbox"/> N	DIRECT DEPOSIT?	<input type="checkbox"/> Y <input type="checkbox"/> N	WARRANT TO ALT ADDRESS?	<input type="checkbox"/> Y <input type="checkbox"/> N	TRAVEL DEPARTMENT AUTHORIZATION NUMBER:								
TITLE	DEPARTMENT TO BE CHARGED				TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)											
VENDOR CUSTOMER NO	BOARD OR COMMISSION MEMBER? <input type="checkbox"/> YES															
CLAIMANT'S SIGNATURE					DATE											
TP	DOCUMENT NUMBER	DOCUMENT DATE	ACCOUNTING PERIOD	BUDGET FISCAL YEAR	ADDRESS OVERRIDE Y / N	VENDOR CUSTOMER NUMBER	DOCUMENT TOTAL									
LINE	FUND	DEPT	UNIT	SUB UNIT	OBJT	SUB OBJT	VENDOR CUSTOMER NUMBER	AMOUNT								
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
DOCUMENT TOTAL																