

TRAVEL VOUCHER

Voucher No. _____

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N) N	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID	Additional	Zip Code	Route A	Payee Amount	
3 Payee Name (Last)			(FI)	(MI)	(Suffix)
Agency Use Only			Stat. Type	Statistic	Indicator-Dept. / Indicator-Statewide
4 Negotiating Unit	5 Travel Advance	No <input type="checkbox"/> Yes <input type="checkbox"/>	Continuous <input type="checkbox"/>	Ref/Inv. No. (Limit to 14 additional spaces)	
Amount: \$			TRAVEL		
6 Destination (Include County)			Ref/Inv. Date (MM) (DD) (YY) / /		

7 Purpose of Travel: _____

8 Date and Time of Departure: _____ AM **9** Date and Time of Return: _____ AM **10** Mode of Transportation: _____

11 Transportation Request Used: No Yes **12** Lodging Request Used: No Yes

	Sub Vo. No.	AMOUNT
13 Transportation Expense:		
14 Per Diem Allowance		
_____ Days @ \$ _____ per day = \$ _____ Total - \$ _____ Amount of Lodging Request		
_____ Days @ \$ _____ per day = \$ _____ Total - \$ _____ Amount of Lodging Request		
15 Meals Only:		
_____ Breakfasts @ \$ _____ + _____ Dinners @ \$ _____		
_____ Breakfasts @ \$ _____ + _____ Dinners @ \$ _____		
16 Miscellaneous Expenses/Explanations:		
17 Total Mileage from attached AC 160: _____ miles @ _____ ¢ per mile		

PAYEE'S CERTIFICATION

I hereby certify that the above account and schedules annexed are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Signature _____ Official Title _____

Official Station _____

Home Address _____

City _____ Dated _____

SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor _____ Title _____ Date _____

VOUCHER TOTAL

STATE COMPTROLLER'S PRE-AUDIT

Verified _____

Certified for Payment of the Total Amount

By _____

For Agency Finance Office Use Only

I certify that this claim is correct and just, and payment is approved

By _____

Authorized Signature

Title _____ Date _____

Expenditure						Liquidation					
Dept.	Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Cost Center Unit	Var	Yr		Dept.	Statewide					