PMF110 (Rev. 7/96) TRAVEL EXPENSE ACCOUNT FORM						DATE OF CLAIM				
The statement on the reverse side must be as required by travel regulations.	completely filled in by the page	ayee prior to signature. Rece	eipts must be attached	OFFI	OFFICE					
NAME OF OFFICER OR EMPLOYEE		AUTHORIZATION NUMB	ER	DIVIS	SION					
ADDRESS		EMPLOYEE PERSONNE	I NI IMPED#	SEC	TION					
CITY	EMPLOYEE PERSONNE	L NUMBER#	FOR	FOR PERIOD						
		Expense Summa	ırv							
		ADVANCE RE					-\$			
	AUTOMOBILE		miles @ 34	¢	•	0.00				
TRANSPORTATION	AIRPLANE			- " "	\$	0.00				
	OTUED			5	\$					
	OTHER			5	\$		\$	0.00		
	LODGING			,	\$					
SUBSISTENCE	MEALS				Ψ					
					\$		\$	0.00		
TOLLS AND PARKING										
TIPS							\$			
OTHER EXPENSES							\$			
OTHER EXPENSES							\$			
TOTAL REIMBURSEMENT COST							\$	0.00		
		Certificate of Paye	ee							
I certify that this expense account is just and the expenses charged were incurred on office	I true in all respects; that the cial business of the State ar	nd none of the expenses have	e been paid by the State	veled or e; and tl	n the da hat the t	full amount	is justly due.			
SIGNATURE BY PAYEE:		IIILE OR	POSITION			OF	FICIAL DOMIC	JILE		
		Certificate of Head of Bu								
I certify that the charges set forth on this expopinion, the amounts claimed are just and re			•	ges are	made w	ere necess		r and that, in my		
SIGNED BY:		NA	ME				TITLE			
AUDITED BY:		Approved For Payn	nent							
NOBITED BT.										
REMARKS BY HEAD OF BUDGET UNIT IN	EXPLANATION OF UNUS	SUAL ITEMS, ETC.		I	MARK ')	X' IF SPECI	AL AUTHORIZ	ZATION		
Reason for										
Travel:										
* Amount Fund	Cost Center	GL Code	WBS Element			Grant		Order		
I and	2 30	52 53 4 0	25 Ziement							
2										
3										

 $^{* \ \} Budget coding information is set using the budget coding worksheet on page 3.$

	HOUR DATE		ODOMETER READ		D DEADING	l	SUBSISTENCE			TOLLS		OTHER EXPENSES	
			TERRITORY TRAVELED SHOW ALL POINTS	ODOMETER READING		MILES TRAV.	LODGING	MEALS		AND	TIPS	OTHER EXPENSES	
	DEPART	ARRIVE	VISITED	DEPART	ARRIVE		LODGING	NO.	COST	PARK.		DESCRIPTION	COST
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
-						0							
						0							
						0							
						0							
			TOTALS			0	\$ 0.00	0	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00

Travel Expense Form Budget Coding Worksheet - this data is transferred to the bottom of page 1

Traver Expense Form Budget Goding Worksheet	
1 Amount	2 Amount
Fund	Fund
Cost Center	Cost Center
GL Code	GL Code
WBS Element	WBS Element
Grant	Grant
Order	Order
3 Amount	4 Amount
Fund	Fund
Cost Center	Cost Center
GL Code	GL Code
WBS Element	WBS Element
Grant	Grant
Order	Order