

STATE OF ALABAMA

Statement of Official Travel

Department/Agency	Division	Funds
Name of Traveler	Employee Identification Number	Official Station or Base

Purpose: _____

Address of Traveler (including street, city, state, and zip code)	Purpose of Travel
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The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

I Hereby Certify That the Within Account in the Amount of _____ is correct, due, and unpaid.

APPROVED:

Departmental

Signature of Payee

Sworn to and subscribed before me this _____ day of _____.

Notary Public

RECAPITULATION OF EXPENSES

Travel Expenses				Amount
GRAND TOTAL TRAVEL EXPENSES				

ITEMIZED STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD

Date mm/dd/yy	Points of Travel		Hour of Depart/Return	Commercial Airfare	Private Car Miles	Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Emergency & Necessary Expense	
	From City/State	To City/State					Breakfast	Lunch	Supper				Detail	Amount
TOTALS														