

STATE OF ALABAMA Statement of Official Travel

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

Address of Traveler (including street, city, state, and zip code) Purpose: Purpose of Travel

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 below expenses are correct and were incurred in connection with official duties of Athens State University. I further certify that any eligible per diem not claimed is waived, the total claimed for travel reimbursement represents all expenses to be reimbursed for the trip, and I **acknowledge that it is understood that any travel reimbursement claims received by the Office of Financial Affairs after two months from the date of travel will be disallowed.**

APPROVED:

_____/_____
Signature of Claimant / Date

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														