

STATE OF ALABAMA Statement of Official Travel

Department/Agency	Division	Purchase Order Number
Name of Traveler	Employee Identification Number	Official Station or Base
Address of Traveler (including street, city, state, and zip code)		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														