				Page 1 of 2		
TRAVEL EXPENSE ACCO	DA	DATE OF CLAIM				
BA-12 (3/97)	DEF	DEPARTMENT				
	st be completely filled in by the payee prior to					
signature. Receipts must be attached						
NAME OF OFFICER OR EMPLOYEE	DIV	DIVISION				
ADDRESS	SEC	SECTION				
CITY		FOF	R PERIOD			
	Expense Summa	ry				
	Lump-Sum Allowance		\$			
		mi. @ .57	\$			
Automobile:	Per Mile Cost:	mi. @ .57	\$	\$		
	Lodging	\$				
Subsistence:	Meals (SEE PPM 49 FOR RECEIPTS REQUI FOR SPECIAL AND HIGH COST AREA	\$	\$			
Tolls and Parking		\$				
Tips (for baggage handling only)						
Other Expenses				\$		
Less: Travel Advance				\$		
Total Reimbursable						
Costs				\$		

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE	TITLE OR POSITION	OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

SIGNED BY:

NAME	

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.Orgn.Sub
ObjectSub
Obj.Rptg. CategoryAmountDocument ReferenceImage: Constraint of the state of

TITLE

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DATE	HOUR						SUBSISTE	NCE					
				ODOM	IETER			MEAL	s				
	(SPECIFY AM/PM)		TERRITORY TRAVELED	READING		MILES				TOLLS AND		OTHER EXPENSES	
	DEP.	ARR.	SHOW ALL POINTS VISITED	DEPART	ARRIVE	TRAV.	LODGING	NO.	COST	PARK.	TIPS	DESCRIPTION	COST
										 			
			TOTALS				\$		\$	\$	\$		\$