TRAVEL EXPENSE ACCOUNT

FACS BA-12 (9/86)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE	DATE OF CLAIM
	DEPARTMENT
	DIVISION
ADDRESS	SECTION
CITY	FOR PERIOD

Expense Summary

Automobile:	Lump-Sum Allowance		$	
	Per Mile Cost:	mi. @ .44 per mi	$	
		mi. @ .44 per mi	$	$
Subsistence:	Lodging		$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		$	$
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.

NAME	SIGNED BY:	TITLE

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

Agency No.	Cost Center No.	Object	Obj. Det.	Project No.	Amount		Document Reference
					Debit	Credit	

DATE	HOUR (SPECIFY AM/PM)		TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		MILES TRAV.	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES	
								MEALS					
	DEP.	ARR.		DEPART	ARRIVE		LODGING	NO.	COST			DESCRIPTION	COST
			TOTALS				$		$	$	$		$