NAME OF OFFICER OR FARD OVER	as required by travel regulations.		DIMEION						
NAME OF OFFICER OR EMPLOYEE DIVISION									
ADDRESS SECTION									
CITY FOR PERIOD									
	Expense S	ummary		T					
	Lump-Sum Allowance	ı		\$					
	Bar Mila Ocata	mi. @ .5	57	\$					
Automobile:	Per Mile Cost:	mi. @ .5	57	\$	\$				
	Lodging	•		\$					
Subsistence:	Meals (SEE PPM 49 FOR RECEIPTS								
	FOR SPECIAL AND HIGH COS	\$	\$						
Tolls and Parking					\$				
Tips (for baggage handling only)					\$				
Other Expenses					\$				
Less: Travel Advance					\$				
Total Reimbursable Costs					\$				
	Certificate of	Payee							
	just and true in all respects; that the di at the expenses charged were incurred ull amount is justly due.			and none of th					
SIGNED BY PAYEE									
SIGNED BY PAYEE									
SIGNED BY PAYEE	Certificate of Head o	f Budget Unit							
ertify that the charges set forth on	Certificate of Head of this expense account have been examing opinion, the amounts claimed are just	ined by me; that th	e services for	which the cha	rges are made we				
ertify that the charges set forth on	this expense account have been exam y opinion, the amounts claimed are jus	ined by me; that th	e services for	which the cha	rges are made we				

TRAVEL EXPENSE ACCOUNT

Page 1 of 2

DATE OF CLAIM

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference
			·			

DATE	HOUR	<u> </u>					SUBSISTENCE						
		IFY AM/PM)		ODOMETER READING			MEALS		TOLLS		OTHER EXPENSES		
	DEP.	ARR.	TERRITORY TRAVELED SHOW ALL POINTS VISITED		ARRIVE	MILES TRAV.	LODGING	NO.	COST	AND PARK.	TIPS	DESCRIPTION	COST
	1												
	1												
	1												
	<u> </u>												
	<u> </u>												
				<u> </u>									
				<u> </u>									
				<u> </u>	<u> </u>								
			TOTALS				\$		\$	\$	\$		\$