



Travel Expense Statement

Name of Traveler:		Program:	
Purpose of Travel:			
Location of Travel:		Dates of Travel:	

Schedule A: Points of Travel							PRE-TRIP REPORT		Acct. #
Date	From	Hour	Odometer	Arrival At	Hour	Odometer	# of Miles	Claimed	
								0	

Schedule B: Expenses claimed in addition to or in lieu of per diem allowance:							Acct. #
Dates	Hotel	Meals	Tips	Fare,Toll	Parking	Other	Total Expenses Claimed
							\$ -

Schedule C: Quarters Claimed							Acct. #	
Quarters							Total Quarters Claimed	
12:01am - 6:00 am							Total Quarters Claimed	
6:01 am - 12:00 pm								
12:01 pm - 6:00 pm								
6:01 pm - 12:00 am								
Transportation by Employees car:				miles @	\$ 0.565	per mile	Schedule A	\$ -
IN ADDITION OR IN LIEU OF PER DIEM							Schedule B	\$ -
Per diem claimed at:		Per Day						
Number of Quarters Claimed		x	\$ -	Per Quarter		Schedule C	\$ -	
Pre -Trip Total Amount Requested:							\$ -	

I certify that this statement, the amount claimed, and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature of Traveler		Date		Signature of Commissioner	Date
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Schedule A: Points of Travel							POST-TRIP REPORT		Acct. #
Date	From	Hour	Odometer	Arrival At	Hour	Odometer	# of Miles	Claimed	
								0	

Schedule B: Expenses claimed in addition to or in lieu of per diem allowance:							Acct. #
Dates	Hotel	Meals	Tips	Fare,Toll	Parking	Postage	Total Expenses Claimed
							\$ -

Schedule C: Quarters Claimed							Acct. #		
Quarters	Date:	Date:	Date:	Date:	Date:	Date:	Total Quarters Claimed		
12:01am - 6:00 am							Total Quarters Claimed		
6:01 am - 12:00 pm									
12:01 pm - 6:00 pm									
6:01 pm - 12:00 am									
Transportation by Employees car:				0	miles @	\$ 0.555	per mile	Schedule A	0
IN ADDITION OR IN LIEU OF PER DIEM							Schedule B	\$ -	
Per diem claimed at:		Per Day							
Number of Quarters Claimed	0	x		Per Quarter		Schedule C	\$ -		
Number of Quarters Claimed		x		Per Quarter		Schedule C	\$ -		
Post -Trip Total Amount Claimed:							0		

Net Amount Due Traveler (Credit) or Agency (Debit) (PreTrip Payment - Post Trip Claimed) : **\$ -**

I certify that this statement, the amount claimed, and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature of Employee		Date		Signature of Supervisor/Commissioner	Date
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