## **CLAIM FOR IN-STATE TRAVEL EXPENSES** TITLE: NAME: **EMPLOYEE ID #:** ADDRESS: PURPOSE OF THE TRIP -ALABAMA SUBSISTENCE **POINT OF TRAVEL DEPARTURE** RETURN TO BASE | 6-12 HRS | >12 HRS. \*OVERNIGHT **TOTAL** DATE TIME DATE TIME \$11.25 \$30.00 (# OF DAYS) \$ \$ \$ \$ \$ \$ \$ PRIVATE MILEAGE OR COMMERCIAL FARES **POINTS OF TRAVEL PRIVATE CAR TOTAL** DATE **MILES MODE OF TRAVEL FROM** TO \$ \$ \$ \$ TOTAL TRANSPORTATION EXPENSE \$ **DETAIL ALL MISCELLANEOUS EXPENSES FURNISH ORIGINAL RECEIPTS AS REQUIRED** TOTAL MISCELLANEOUS EXPENSE \$ I hereby certify that the travel and expenses indicated hereon were incurred in the performance of official duties pursuant to travel authority granted to me. I have not and will not be reimbursed for these expenses by any other organization. I agree to the rate at which I am being reimbursed and that no herein have been previously submitted. **RECAPITULATION OF AMOUNT** TOTAL EXPENSES TRAVELER'S SIGNATURE DATE \$ SUBSISTENCE EXPENSES \$ TRANSPORTATION EXPENSES MISCELLANEOUS EXPENSES \$ DEAN APPROVAL DATE \$ **TOTAL EXPENSES** TOTAL REIMBURSABLE EXPENSES COST CENTER HEAD DATE DESCRIPTION INDEX FUND ORG ACCOUNT AMOUNT TOTAL \$ **Approval of Reimbursement ISSUE 1099** DATE RECEIVED **BUSINESS OFFICE APPROVAL** NO For overnight travel, enter the number of days under the column "OVERNIGHT" beginning with the first day of travel and ending with the day returned to base.