Statement of Travel
Actual Travel Expenses: In-State

Mileage Rate:	$0.535

Department/Agency _____ Code Number _____ Division _____ Funds _____

Name of Traveler _____ Employee ID # _____ Official Station or Base _____

Address of Traveler (including street, city, state, and zip code) _____ Purpose of Travel _____

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance.

APPROVED:

_____
President

I Hereby Certify That the Within Account in the Amount below is correct, due, and unpaid.

_____
Signature of Payee

Sworn to and subscribed before me this _____ day of _____.

_____
Notary Public

RECAPITULATION OF EXPENSES

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
Commercial Transportation (incl rental car/gas) 0300-02		Total other expenses such as postage, fax, telephone, parking, baggage, handling, tolls, conference registration, etc	
Mileage, private car 0300-01			
Meals and lodging 0300-03			
SUBTOTAL TRAVEL EXPENSES		GRAND TOTAL TRAVEL EXPENSES	

ITEMIZED STATEMENT OF NECESSARY TRAVELING EXPENSES INCURRED FOR PERIOD _____ TO _____

Date mm/dd/yy	Points of Travel		Hour of Depart/ Return	Private Car Miles / Fare Description	Commercial Fare Amount	SUBSISTENCE			Total Meals	Lodging	Total Meals & Lodging	Necessary Expense & Conference Registration	
	From City/State	To City/State				Breakfast	Lunch	Supper				Detail	Amount
TOTALS													