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	TRIP AUTH NUMBER	DATE OF CLAIM
		DEPARTMENT
ADDRESS		DIVISION
		SECTION
CITY		FOR PERIOD

Expense Summary

Automobile:	Lump-Sum Allowance		$	
	Per Mile Cost:	mi. @ .34	$	
		mi. @ .34	$	$
Subsistence:	Lodging		$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		$	$
Tolls and Parking				$
Tips (for baggage handling only)				$
Airfare				$
Other Expenses				$
Less: Travel Advance				$
Total Reimbursement 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.

AUDITED BY COMPTROLLER ACCOUNTING TECHNICIAN

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