

<b>TRAVEL EXPENSE ACCOUNT</b> 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		DATE OF CLAIM
		DEPARTMENT
NAME OF OFFICER OR EMPLOYEE	TRIP AUTH NUMBER	DIVISION
ADDRESS		SECTION
CITY		FOR PERIOD

**Expense Summary**

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

**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
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\*\*Effective July 1, 2009, the employee will be held responsible for paying Bossier Parish Community College a \$45.00 stop payment processing fee if the same check has to be issued more than twice.

**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
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REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Audited By Finance Department Accounting Technician

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

