

|  |  |   |                      |
|--|--|---|----------------------|
| <b>Sowela Technical Community College</b>  |  | DATE OF CLAIM   | PS VOUCHER ID NUMBER |
| 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. |  | OFFICE<br><b>LCTCS/STCC1</b>                          |                      |
| NAME OF OFFICER OF EMPLOYEE  |  | DIVISION<br><b>SOWELA Technical Community College</b> |                      |
| ADDRESS  |  | SECTION<br><b>STCC</b>                                |                      |
| CITY   |  | FOR PERIOD  |                      |

Destination: \_\_\_\_\_

Purpose of Travel     Conference (Attach conference brochure)     Field Travel     Other

| EXPENSE SUMMARY                          |  |                     | REIMBURSABLE COSTS |
|--|--|---------------------|--------------------|
| <b>TRANSPORTATION:</b>                   | <b>LUMP-SUM ALLOWANCE</b>  |                     |                    |
|  | <b>AUTOMOBILE</b>  | <b>mi. @ .54</b> \$ |                    |
|  | <b>AIRPLANE CHARGED TO CBA/T-CARD</b>  |                     |                    |
|  | YI IN [ ]  |                     |                    |
|  | <b>OTHER (Taxi, Shuttle, Tram)</b>   | <b>Gas</b>          |                    |
| <b>SUBSISTENCE:</b>                      | <b>Lodging:</b>  |                     |                    |
|  | CBA [ ] T-Card [ ] <b>Conference Site</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                     |                    |
|  | <b>Meals</b>   |                     |                    |
| <b>TOLLS AND PARKING</b>                 |  |                     |                    |
| <b>TIPS (Baggage Handling/Valet Prk)</b> |  |                     |                    |
| <b>OTHER EXPENSES</b>                    |  |                     |                    |
| <b>LESS: TRAVEL ADVANCE</b>              |  |                     |                    |
| <b>TOTAL REIMBURSABLE COSTS</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 date 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 that State and that the full amount is justly due.

|                 |                   |                   |
|-----------------|-------------------|-------------------|
| SIGNED BY PAYEE | TITLE OR POSITION | OFFICIAL DOMICILE |
|-----------------|-------------------|-------------------|

**Certificate of Supervisor**

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.

|                       |      |      |       |
|-----------------------|------|------|-------|
| SIGNED BY SUPERVISOR: | DATE | NAME | TITLE |
|-----------------------|------|------|-------|

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS:

ACCOUNTING USE ONLY:

| Fund | Organization | Account | Program | Activity | Amount |        | Document Reference |
|------|--------------|---------|---------|----------|--------|--------|--------------------|
|      |              |         |         |          | Debit  | Credit |                    |
|      |              |         |         |          |        |        |                    |
|      |              |         |         |          |        |        |                    |

Reviewed by: \_\_\_\_\_  
Business Office

