

STATE OF IOWA TRAVEL PAYMENT NON-REVERTED DOLLARS

TPN

OFFICIAL DOMICILE	DOCUMENT NUMBER
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PURPOSE OF TRAVEL	NORMAL JOB DUTIES CONFERENCE/SEMINAR	OTHER <i>Specify:</i>
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NAME AND HOME ADDRESS	ALTERNATE ADDRESS <i>(Send warrant to)</i>	ACCOUNTING USE ONLY - REFERENCE ALL OTHER RELATED DOCUMENTS			
		DOC NUMBER	DATE PAID	DOC NUMBER	DATE PAID

YEAR (CAL)	TIME	TRAVEL			PERSONAL VEHICLE STATE VEHICLE PASSENGER	MEALS						LODGING		TRANSPORT AND OTHER EXPENSES					
		MM/DD	LEFT	RETURNED	FROM (RT = Round Trip)	TO	MILES	RATE	CHARGE	BREAKFAST	LUNCH	DINNER	ACTUAL TOTAL	REIMB TOTAL	ACTUAL TOTAL	REIMB TOTAL			

TRANSPORTATION AND OTHER EXPENSES TOTALS A - AIR F - PHONE P - PARKING T - TOLLS B - BAGGAGE I - INTERNET R - REGISTRATION U - POSTAGE/SHIPPING C - CAB/BUS L - LAUNDRY S - SUPPLIES O - OTHER ---Specify--> <small>ROUTINE USES OF THIS FORM ARE TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE ANNUAL SALARY BOOK</small>	OTHER:	DOCUMENT TOTAL LESS Travel Advances LESS Travel Card Payments LESS Agency Paid Expenses Reimbursement Requested
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CLAIMANT'S CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.	DEPARTMENT CERTIFICATION I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTIONS:
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COMMUTING MILES EXCLUDED? TRAVEL INCLUDES VICINITY MILES? DIRECT DEPOSIT?
Y N Y N Y N

TITLE	DEPARTMENT TO BE CHARGED	TRAVEL DEPARTMENT AUTHORIZATION (TDA) NUMBER
EMPLOYEE VENDOR CUSTOMER NUMBER	CHECK IF MEMBER OF BOARD OR COMMISSION	

CLAIMANT'S SIGNATURE	DATE	TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)
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DOC TYPE	DOCUMENT NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	VENDOR CUSTOMER NUMBER	DOCUMENT TOTAL
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LINE	FUND	DEPT	UNIT COST CENTER	SUB UNIT	OBJT	SUB OBJT	EMPL VENDOR CUST NUMBER	AMOUNT
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

DOCUMENT TOTAL