Attach supporting documentation to the back of this form

Print Form

STATE OF IOWA
TRAVEL PAYMENT OVERPAYMENT

Reset Form

TPO

OFFICIAL DOMICILE

DOCUMENT NUMBER

PURPOSE OF TRAVEL ☐ NORMAL JOB DUTIES ☐ CONFERENCE/SEMINAR ☐ OTHER *Specify:*

NAME AND HOME ADDRESS	ALTERNATE ADDRESS (*Send warrant to*)	ACCOUNTING USE ONLY - REFERENCE ALL OTHER RELATED DOCUMENTS			
		DOC NUMBER	DATE PAID	DOC NUMBER	DATE PAID

☐ PERSONAL VEHICLE ☐ STATE VEHICLE ☐ PASSENGER

YEAR (CAL)	TIME		TRAVEL			MILES	RATE	CHARGE	MEALS					LODGING		TRANSPORT AND OTHER EXPENSES	
MM/DD	LEFT	RETURNED	FROM	(RT = Round Trip)	TO				BREAKFAST	LUNCH	DINNER	ACTUAL TOTAL	REIMB TOTAL	ACTUAL TOTAL	REIMB TOTAL	?	
								0									
					TOTALS								0		0		

TRANSPORTATION AND OTHER EXPENSES

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*--->

OTHER:

DOCUMENT TOTAL	0
LESS Travel Advances	
LESS Travel Card Payments	
LESS Agency Paid Expenses	
Reimbursment Requested	**0**

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

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:

COMMUTING MILES EXCLUDED? ☐ Y ☐ N

TRAVEL INCLUDES VICINITY MILES? ☐ Y ☐ N

DIRECT DEPOSIT? ☐ 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 Enable Adobe Electronic Signature Disable Adobe Electronic Signature DATE

TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE) Enable Adobe Electronic Signature Disable Adobe Electronic Signature

DOC TYPE	DOCUMENT NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	VENDOR CUSTOMER NUMBER	DOCUMENT TOTAL
TPO						

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 **0**

TPO **WARRANT NO.** _____ **AUDITED BY** _____ **PAID DATE** _____

TPO0119