Attach supporting documentation
to the back of this form

STATE OF IOWA

TP (RELO-SUB)

OFFICIAL DOMICILE	FOR TEMPORARY LIVING EXPENSES ONLY **TRAVEL PAYMENT FOR RELOCATION SUBSISTENCE**	DOCUMENT NUMBER

Subsistence allowance begin date _____ **end date** _____

NAME AND HOME ADDRESS	ALTERNATE ADDRESS (send warrant to)	OLD OFFICIAL DOMICILE	NEW OFFICIAL DOMICILE

YEAR	TIME HH:MM A/P		TRAVEL		☐ STATE VEHICLE ☐ PERSONAL VEHICLE			MEALS					LODGING		TRANSPORTATION AND OTHER EXPENSES	
MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE In Cents	CHARGE	B	L	D	TOTAL	REIMB TOTAL	ACTUAL	REIMB TOTAL	CODE	AMOUNT
				TOTALS												

TRANS/ OTHER EXPENSE	A-AIR B-BUS/CAB D- L.D PHONE	F-LOCAL PHONE L-LAUNDRY P-PARKING	R-REGISTRATION S-SUPPLIES T-TOLLS	O-OTHER-SPECIFY HERE

DOCUMENT TOTAL	
LESS ADVANCES	
REIMBURSEMENT REQUESTED	

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 SECTION(S)

COMMUTING MILES EXCLUDED? Y☐ N☐	TRAVEL INCLUDES VICINITY MILES? Y☐ N☐	DIRECT DEPOSIT? Y☐ N☐	WARRANT TO ALT ADDR? Y☐ N☐

TRAVEL DEPARTMENT AUTHORIZATION (TDA) NUMBER

TITLE	DEPARTMENT TO BE CHARGED

TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)

Employee Vendor No:	CHECK IF BOARD OR COMMISSION MEMBER ☐
CLAIMANT'S SIGNATURE	DATE

DOCUMENT TOTAL

TP (RELO-SUB)

WARRANT #

PAID DATE _____

State of Iowa TP (RELO-SUB) Doc #   **Dept. Name**

| Employee Vendor No: | Last Name: | First Name: |
| Address: | City: | State: IA   ZIP: |

ACCT LN   0001   BFY: Period: Event Type: Line Amount:

REF DOC: REF Type: REF ACTG Line:

ACCT Line Description::

FUND / SUB	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB	BSA / SUB
OBSA / SUB	DEPT OBJ	DEPT REV	LOC / SUB	ACTY / SUB	FUNC / SUB	REPT / SUB
TASK / SUB	TASK ORD	MJR PRG	PROGM	PHASE	PRG PERIOD

ACCT LN   0002   BFY: Period: Event Type: Line Amount:

REF DOC: REF Type: REF ACTG Line:

ACCT Line Description::

FUND / SUB	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB	BSA / SUB
OBSA / SUB	DEPT OBJ	DEPT REV	LOC / SUB	ACTY / SUB	FUNC / SUB	REPT / SUB
TASK / SUB	TASK ORD	MJR PRG	PROGM	PHASE	PRG PERIOD

ACCT LN   0003   BFY: Period: Event Type: Line Amount:

REF DOC: REF Type: REF ACTG Line:

ACCT Line Description::

FUND / SUB	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB	BSA / SUB
OBSA / SUB	DEPT OBJ	DEPT REV	LOC / SUB	ACTY / SUB	FUNC / SUB	REPT / SUB
TASK / SUB	TASK ORD	MJR PRG	PROGM	PHASE	PRG PERIOD

ACCT LN   0004   BFY: Period: Event Type: Line Amount:

REF DOC: REF Type: REF ACTG Line:

ACCT Line Description::

FUND / SUB	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB	BSA / SUB
OBSA / SUB	DEPT OBJ	DEPT REV	LOC / SUB	ACTY / SUB	FUNC / SUB	REPT / SUB
TASK / SUB	TASK ORD	MJR PRG	PROGM	PHASE	PRG PERIOD

TP (RELO-SUB)

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