

STATE OF IOWA TRAVEL PAYMENT

TPR

REVERTED / SPLIT DOLLARS SAB

DOCUMENT NUMBER

OFFICIAL DOMICILE		PURPOSE OF TRAVEL		NORMAL JOB DUTIES CONFERENCE/SEMINAR OTHER <i>Specify:</i>	
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	OTHER:	DOCUMENT TOTAL
B - BAGGAGE	I - INTERNET	R - REGISTRATION	U - POSTAGE/SHIPPING		
C - CAB/BUS	L - LAUNDRY	S - SUPPLIES	O - OTHER ---Specify---		
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					LESS Travel Advances
					LESS Travel Card Payments
					LESS Agency Paid Expenses
					Reimbursement Requested

CLAIMANT'S CERTIFICATION				DEPARTMENT 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.				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?	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)		

DOC TYPE	DOCUMENT NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	VENDOR CUSTOMER NUMBER	DOCUMENT TOTAL		
TPR								
LINE	FUND	DEPT	UNIT <small>COST CENTER</small>	SUB UNIT	OBJT	SUB OBJT	EMPL VENDOR CUST NUMBER	AMOUNT
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
DOCUMENT TOTAL								