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 | C O D E | AMOUNT |
| | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | | | | 0.00 | | | | 0.00 | | | | | |
| | | | | **TOTALS** | 000 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |

| TRANS/ OTHER EXPENSE | A-AIR B-BUS CAB D- PHONE | F-LOCAL PHONE L-LAUNDRY -PARKING | STRATION ES | O-OTHER ECIFY HERE | | |
|---|---|---|---|---|---|---|

**SAMPLE**

| | DOCUMENT TOTAL | 0.00 |
|---|---|---|
| | **LESS ADVANCES** | **0.00** |
| | **REIMBURSEMENT REQUESTED** | **0.00** |

ROUTINE U OF THIS FORM ARE TO FULF IRS EQU S, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, VEHICLE DIS CHER INFO , AND TO PREPARE ANNUAL SALARY BOOK

## CERTIFICATION

I CERTIFY THAT THE ITEMS FOR W PAYM REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTH TY O THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORR CT, AND NO P T OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADV ES SHOW 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 AUTHORITY # / BLANKET TRAVEL #** |
|---|---|---|---|---|
| **TITLE** | | **DEPARTMENT TO BE CHARGED** | | **TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)** |
| Employee Vendor # | | 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 #    0**     Dept. Name

| Employee Vendor #: | 0 | | Name: | Last | | First | | | |
| Addr: | | | | City | | | ST | IA | ZIP |

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

REF DOC:                                                      REF Type:          REF ACTG Line:

ACCT Line Desc:

| 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 | |

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

REF DOC:                                                      REF Type:          REF ACTG Line:

ACCT Line Desc:

| 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 | PERIOD | |

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

REF DOC:                                                      REF Type:          REF ACTG Line:

ACCT Line Desc:

| 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 | |

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

REF DOC:                                                      REF Type:          REF ACTG Line:

ACCT Line Desc:

| 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 | |

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# TP (RELO-SUB)

$  0.00