



For reimbursement of In-state mileage, toll and parking expenses in the discharge of official duty from as listed and described per itemized statement herein.

mm/dd/yy To mm/dd/yy

Mileage Rate Per Current Collective Bargaining Agreement: \$0.575

EMPLOYEE VENDOR NUMBER
8 DIGIT JOB NUMBER*

AGCY NAME

EMP NAME
EMPLOYEE ADDRESS

JOB TITLE
HEADQUARTERS ADDRESS

NOTE: PLEASE SHOW VICINITY MILES SEPARATELY

Table with columns: DATE, EXPLANATION, FROM, TO, RETURN, PRIVATE CAR MILEAGE (500704), TOLLS AND PARKING (500707) EXPLANATION, AMOUNT. Includes sub-totals and grand total rows.

SECTION BELOW THIS LINE IS FOR ACCOUNTS PAYABLE USE ONLY

Table with columns: EVENT DATE, PAY CODE, AMOUNT, FUND, AGENCY, ORG, OBJECT CLASS, OBJECT CODE. Contains two rows of data.

I CERTIFY THAT THE ABOVE ACCOUNT AND SCHEDULE ARE JUST AND TRUE IN ALL RESPECTS; THAT THE DISTANCES FOR WHICH CHARGE IS MADE HAVE BEEN ACTUALLY AND NECESSARILY TRAVELED ON THE DATES SPECIFIED...

(SIGNED) (PAYEE SIGNATURE) DATE:

I certify that the official headquarters of the claimant is as stated; that the travel was authorized from and to the point stated; that the within itemized statement has been examined and that the accounts therein claimed are just and reasonable except as noted.

(SIGNED) (HEAD OF DEPARTMENT SIGNATURE) DATE: