Form A-4M 01/14)

STATE OF NEW HAMPSHIRE PAYMENT VOUCHER - IN-STATE TRAVEL

(A-4M FORM MUST BE SUBMITTED IN CONJUNCTION WITH THE EMPLOYEES TIMESHEET)

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: $0.560

AGCY NAME _____

EMPLOYEE SS NUMBER or EMPLOYEE VENDOR NUMBER _____

8 DIGIT JOB NUMBER* _____

PAY PERIOD END DATE _____

EMP NAME _____

EMPLOYEE ADDRESS _____

JOB TITLE _____

HEADQUARTERS _____

ADDRESS _____

NOTE: PLEASE SHOW VICINITY MILES SEPARATELY

DATE	EXPLANATION	FROM	TO	RETURN	PRIVATE CAR MILEAGE (0704)	TOLLS AND PARKING (0707) EXPLANATION	TOLLS AND PARKING (0707) AMOUNT
TOTALS (FOR REFERENCE ONLY)					$ -		$ -
GRAND TOTAL (FOR REFERENCE ONLY)					$ -		

SECTION BELOW THIS LINE IS FOR PAYROLL OFFICER USE ONLY

EVENT DATE	EVENT CODE	AMOUNT	FUND	AGENCY	ORG	OBJECT CLASS	OBJECT CODE
	MILES					070	704
	TOLPK					070	707
	MILES					070	704
	TOLPK					070	707

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; THAT THE AMOUNTS AS CHARGED HAVE BEEN ACTUALLY PAID BY ME FOR TRAVEL AND EXPENSES INCURRED ON OFFICIAL BUSINESS ONLY; THAT NO PART OF THE ACCOUNT HAS BEEN PAID BY THE STATE, BUT ALL FULL AMOUNT IS JUSTLY DUE; THAT ALL EXPENDITURES INCLUDED IN SAID ACCOUNT WERE MADE UNDER PRIOR AUTHORITY THEREOF OR UNDER CIRCUMSTANCES TO RENDER THE SECURING OF PRIOR AUTHORITY IMPRACTICABLE; THAT THE EXPENSE FOR WHICH NO VOUCHERS WERE OBTAINED WERE INCURRED UNDER SUCH CIRCUMSTANCES AS TO REND THE TAKING OF VOUCHERS IMPRACTICABLE; AS FULLY EXPLAINED HERE-IN.

(SIGNED) _____ DATE: _____

(PAYEE SIGNATURE)

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) _____ DATE: _____

(HEAD OF DEPARTMENT SIGNATURE)