						Fund:			Dept:			Pro	gram:		С	lass:	Pro	ject ID:	
Agency/Division:											Т	ravel	From:			To:			
Name:						Title:													
Office	Street:						City:	City:				County:				State:	Zip:		
Home	Street:						City:		County: State:						State:	Zip:			
Office Phone: Email:										1									
Meals																			
Meal Cod Select a d	e Descriptio code in the n box located feach meal.		REG HGH	i - In State I - In State i - Out of	e Reg e High State:	ular: B/L n Cost: E : Enter d	./D: 6.00 3/L/D: 7 aily per (0 / 7.00 .00 / 9 diem ra	0 / 15.00 .00 / 20. ate:) (.00	(High Cost	t Limite	ed to: (Chatha a	m, Cobb, nd Richn	Dekalb nond Co			
	If you have an unusual meal ex							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 400 117		Lur						Dinner		
Date			ırn ie			Location		Amt	Code		Location			Amt	Code	Location	Amt	Total	
										7									
										\top									
										+									
										+									
										+									
										\dashv									
										_									
Lodging											Purpos	e of T	rip(s))			Total		
				ily Rate	y Rate # Days T						То				escription				
													Re	gistra	tion Fe	e			
		1					Total								Des	criptior	ı	Am	ount
							. Otta			ł									
														intor a	mount	of Tra	vel Advance:	.	
														inter a	inount	OI IIa	vei Auvance.	1	
													Tot	tal Exp	enses				
															Total I	Meals a	and Lodging		
													Other Expenses (Page 2)						
Approval Authority							Date	Date					Total Expenses						
, pp. 0. ca. / cationty													Less Travel Advance						
Approval Authority							Date	Date				Amo	Amount Due To/From NonEmployee						

Select type of pe	rsonal vehicle:		s more advantageou	s than a stat	e or comme	rcial rental.	○ Yes ○	No		
Date		Automo	obile Motorcycle	Airplan	e 🗌 II	nave an assign	ed state car on a	permanent b	oasis	
	Origin		Points Visited	Des	tination	Begin Miles	s End Miles	Commute Miles	Personal Miles	State Use Miles
If you shared tra	nsportation, er	nter person(s)	traveled with:				Т	otal State	Use Miles	
							N	lileage Rat	te \$	
Commercial Tr	ansportation	า								
Begin Date End Date Type of Transportation					Origin		De	stination		Amount
Vaine/Data Car		o (Talanha	no Collo Internet		Doubina				Total	
Voice/Data Cor	nmunication		ne cans internet	Charasal		Talla Dart				
Date Lo	cation Per					, Tolls, Porte	-	ntion		Amount
Date Lo	cation Per	rson Called	Reason for Call	Amount	Date	, Tolls, Porte	erage Descri	ption		Amount
Date Lo	cation Per					, Tolls, Porto	-	ption		Amount
Date Lo	cation Per					, Tolls, Porte	-	ption		Amount
Date Lo	cation Per					, Tolls, Porte	-	ption		Amount
Date Lo	cation Per					, Tolls, Porte	-	ption	Total	Amount
Date Lo Gasoline for Re		rson Called	Reason for Call	Amount	Date	, Tolls, Porto	Descri		Total	Amount
		rson Called	Reason for Call		Date		Descri		Total	
Gasoline for Re		rson Called	Reason for Call	Amount	Date		Descri		Total	
Gasoline for Re		rson Called	Reason for Call	Amount	Date		Descri		Total	
Gasoline for Re		rson Called	Reason for Call	Amount	Date		Descri		Total	Amount
Gasoline for Re		rson Called	Reason for Call	Amount	Date		Descri		Total	
Gasoline for Re		rson Called	Reason for Call Total	Amount	Date		Descri			

Total Other Expenses

Revised 01/12/2017

This page for Accounting use only Name: Phone: Travel From: to Amount Due To/From Employee: Gross \$ Employee ID Vendor ID PeopleSoft Loc Terms Acct Date Invoice No. Invoice Date Handling Code Voucher No. Voucher Date Acct Template Check # Check Date Effective Date Description Pay Date Location Reference No. **Business Unit Budget Year** Account Fund Amount Line Description Dept Program Class Project 651510 Mileage Meals 651130 Lodging 651140 Other (Parking, Tolls, Porterage) 651170 Commercial Transportation Air 651120 Automobile Rental 651160 Common Carrier 651107 Voice/Data Communication Svcs 771100 Registration Fees 727110 Miscellaneous Expenses 651150 Travel Advance 125004 Gasoline for Rental Vehicle 651110 Travel between State Orgs Money Owed Non-Employees Class Account Line Description Amount Processed By: Date Mileage **Commercial Transportation** Subsistence Entered By: Date Miscellaneous Travel Expenses

Reimbursable Expenses