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JACKSONVILLE STATE UNIVERSITY
IN-STATE TRAVEL REIMBURSEMENT

Encumbrance #_____

Vendor #_____

NAME _____TITLE _____

ADDRESS _____

STATEMENT FOR PERIOD _____ 20_____ TO _____ 20_____

EXPENSES IN CONNECTION WITH _____

ACCOUNT # _____

Date	Point of Starting & Stopping	Auto Miles	Fare	Hour of Departure A.M.	Hour of Departure P.M	Hour of Return A.M.	Hour of Return P.M.	Amount Per Diem Claimed

TOTAL PER DIEM $_____

DETAIL OTHER EXPENSES (Receipts required for registration/conference fees. Receipts also required for other items over $25.) Full conference brochure copy also required.

TRANSPORTATION
(Fare or _____ miles @ _____) $ 4353

TOTAL OTHER EXPENSE $_____

I hereby certify that the above expenses are correct and were incurred in connection with official duties of Jacksonville State University.

TOTAL EXPENSE CLAIMED $_____

TRAVELER SIGNATURE:_____

BUDGET MANAGER APPROVAL: _____ DATE: _____

IMMEDIATE SUPERVISOR APPROVAL: _____ DATE: _____