

For Official use :

Voucher Number:
Check Date:
Check Number:

**IN-STATE AUTOMOBILE TRAVEL
REIMBURSEMENT AND ACCOUNTING REPORT**

EMPLOYEE'S NAME: John Smith (1)
 VEHICLE(S) MAKE: Ford (3)
 MODEL(S): Explorer (4)
 City/Town of Residence: 12/31/2006 (7)
 Department/Banner Organization: Controller's Office /WB3020 (8)

Banner ID Number: 9999999 (2)
 YEAR(S): 1996 (5)
 REGISTRATION(S): RI-123 (6)
 Assigned Campus: Knight Campus (9)

DATE:	FROM (11)	TO	Purpose of Travel	ODOMETER READING		MILES	OTHER COSTS
				START	FINISH		
12/1/2006 (10)	Knight Campus	Flanagan Campus (RT)	Meeting with Bursar Staff (12)	(13) 89,016	89,056	(14) 40	(15)
12/4/2006	Knight Campus	Flanagan Campus (RT)		89,153	89,193	40	
12/6/2006	Knight Campus	Newport Campus (RT)	Bus. Affairs Staff Meeting	89,224	89,279	55	\$ 4.00
12/12/2006	Flanagan Campus to State House	State House to Liston Campus		90,118	90,127	9	
12/12/2006	Meter Parking		Finance Committee Hearing			0	\$ 1.50
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	

I hereby certify that throughout the above dates I have maintained a valid operator's license and my vehicle(s) has been properly registered and insured; that the above mileage is correct and was incurred for official state business. In instances where the distance from my residence to the official destination was shorter than the distance from my official station to the official destination, only the mileage from my residence to the official destination is claimed. This travel expense complies with the state travel regulations.

TOTAL MILES (16) 144
 \$0.550 cents per mile (17) **\$79.20**
 Plus Other (18) **\$5.50**
TOTAL MILEAGE PLUS OTHER (19) **\$84.70**

I hereby certify that this travel expense complies with the state travel regulations and that the total listed above is a proper charge against the state.

(20) _____
Signature of Traveler/Date

(21) _____
Initials of Supervisor/Date Signature of Authorized Agent