STATE OF ALABAMA STATEMENT OF OFFICIAL IN-STATE TRAVEL

Department/Agency Code Number				Division Funds NAME AND ADDRESS OF TRAVELER						
Department Head			1 4							
	Official Station or Base									
			Private Car	Hour of Departure From Base		Hour of Return to Base		Meal	Amount Per Diem	
Month And	POINTS OF TRAVEL									
Date	From City	To City	Miles	AM	PM	AM	PM	1 30	Claimed	
Duto								_		
			-					+		
					-					
								-		
					120					
					7					

					-			-		
				TOTAL PER DIEM CLAIMED						
Total Number of Miles Traveled				MILEAGE (# of miles x mileage rate)						
Please attach any of the following items			TOTAL THIS EXPENSE ACCOUNT \$							
relevant to this reimbursement:			I hereby certify that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel							
				ished in the granted m		ce of official of	duties purs	uant to tr	avel	
	Conference agenda		authority	graniteu iii	С.					
	te of Completion									
3. Original receipts			Signatur	e of Travel	er					
Nama of M	acting/Conforces:									
Name of Meeting/Conference:				Sworn to and subscribed before me this the day						
		T W w							00, 01	
		ay est si	Notary P	ublic			Commiss	ion Evnir	-AC	
			l total y	45110			Johnniss	JOH EXPI		