			/ERSITY - T								FOR 4000	LINITING OFFICE	THE ONLY	
NAME OF	ar ins regulation	is uns statement	snould be turned IN 1		io iater trian	oo uays ane	er ure exper	ises were in	carrea.			UNTING OFFICE	L USE UNLY	
TRAVELER:				ADDRESS: CITY,							VENDOR ID#			
SSN#:				STATE, ZIP PHONE							VOUCHER#			
TITLE:				NUMBER: DEPARTMENT							DATE KEYED			
EMAIL:				CONTACT:							BATCH#			
PURPOSE OF TRIP / NOTES:														
OBJECT EXPENSE	ACCOUNT/BU	GES TO:						FOR ACCOUNTING OFFICE USE ONLY						
- ACCOUNT CODE	FUND	DEPARTMENT	PROGRAM	CLASS	GRANT			ACCOUNT	FUND	DEPARTMENT	PROGRAM	CLASS	GRANT	AMOUNT
	10500	1340000	14600	11000										
LICENSE PLATE	NUMBER OF CAR:													
DATE	DEPART	ARRIVAL			READING	ODOMETER READING	DAILY	PERSONAL	STATE MILES				FOOD	(ORIGINAL RECEIPT
OF TRAVEL	TIME	TIME	TRAVEL FROM	TRAVEL TO	START	END	MILES	MILES	REIMB \$\$	BREAKFAST	LUNCH	DINNER	TOTAL	REQUIRED
							-		-					
							-		-					
							-		-					
							-		-					
							-		-					
							-		-				-	
							-		-				-	
							-		-				-	
(CURRENT ALLOWABLE MILEAGE REIMBURSEMENT IS 0.575 CENTS PER MILE)					TOTALS: \$ -							\$ -	\$ -	
Air, Taxi/Limousine, Parking Date of Expense (Attach ORIGINAL Receipt)		Amount	Date of Expense		Registration Fee ch ORIGINAL Receipt) Amount			Amount	Date of Expense		Other Miscellaneous Expense in and Attach ORIGINAL Receipt)		Amount	
Total Common Carrier, Taxi/Limousine,Parking \$ -					Total Registration \$ -							Total B	Aio collono cuo	¢
l otal Com	<u> </u>							Total Miscellaneous \$ BMITTED FOR REIMBURSEMENT: \$ -						
EMPLOYMENT AFFILI	ATION:								TOTAL SUE	MILLED FOR	KEINIBUKSE	WENT.	μ Ψ	<u>-</u>
INI LUTWIENT AFFILI		i		Fode	ral Employee									
University System					elf Employed									
					loyer's Name									
					SWORN ST	TATEMENT /	AND APPRO	OVAL						
do solemnly swear, expenses and the sta	under criminal pe ate use mileage ir	enalty of a felony fo the discharge of r	or false statements sub my official duties for the	nject to punishment b e state and have not	y not less tha	n one year n	or more thai	n twenty year	rs of penal serv	ritude, that the aborrom any other so	ove statements urce for said ex	are true and I penses. In ad	have incurred t	the described scercised due
			Valdosta State Univers											

Traveler's Signature:	Date:	
Authorized Approver for Budget Unit (Required & Must be Different than Traveler)	Date:	