

TRAVEL EXPENSE ACCOUNT		DATE OF CLAIM
BA-12 (3/97)		
The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.		DEPARTMENT
NAME OF OFFICER OR EMPLOYEE		DIVISION
ADDRESS		SECTION
CITY		FOR PERIOD

EXPENSE SUMMARY

Lodging		
Meals / Per Diem		
Mileage	Miles at .725 per mile	0.00
Tolls and Parking		
Tips (baggage handling only)		
Other Expenses		
Less: Travel Advance / Paid by University		
		Total Reimbursable Cost

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled or specified on official business only; that the expenses charged were incurred on official business of the State and none of the expense paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE	TITLE OR POSITION	OFFICIAL DOM

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

SIGNED BY APPROVER	NAME	TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Fund	Org	Acct	Prog	Actv	Amount	Document Refere

DO NOT PRINT

Allowance

FULL 75%

B		0
L		0
D		0
I		0
	0	0

Per Mile Mileage \$
0.725 0

REIMBURSABLE - **RECAP**