

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

536
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IN-STATE
TRAVEL EXPENSE VOUCHER

NAME: (FIRST, MIDDLE, LAST): Mary L Smith ADDRESS: 123 MAIN Street CITY: Harvest
STATE: AL ZIP: 35749 OFFICIAL STATION/BASE: HARVEST PROG/COST CENTER NAME: Madison Co./Foster Parent/Employ DATE PREPARED: 4/2/17

PAY FROM HUMAN RESOURCES TRUST FUND

APPROVED _____

DEPARTMENT HEAD _____

MONTH AND DATE	POINTS OF TRAVEL		PRIVATE CAR MILES	FARE OR TRAVEL TAX EXEMPT	HOUR OF DEPARTURE		HOUR RETURNED TO BASE		NO. UNITS @ % DAILY RATE	AMOUNT PER DIEM CLAIMED
	FROM	TO			AM	PM	AM	PM		
3/14	Harvest	Hsv Harvest	30							
3/17	Harvest	Hsv Harvest	35							
3/19	Harvest	B'ham-	215		9:00					75 00
3/20	B'ham	- Harvest	215				2:15			75 00
3/31	Harvest	- Muscle Shoals-Harv	110		8:00		5:00			30 00
SUB-TOTALS FROM REVERSE										
TOTAL TRANSPORTATION			605	\$323 ⁶⁸	TOTAL PER DIEM				\$	180 00

Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.

TOTAL MISCELLANEOUS \$
TOTAL THIS EXPENSE ACCOUNT \$ 503 68

I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel authority granted me.

Mary L Smith
(signature of traveler)

Sworn to and subscribed before me this the _____

day of _____ 19 _____

(Notary Public)

PV	AGCY	DOCUMENT ID	M M D D Y Y	F M F Y	BG-FY	VENDOR/SS #	AMOUNT
						1123456789	1510368

LN.	CD.	REF. NUMBER	LN.	ORG.	SUB-ORG	OBJT	RPT-CTG.	AMOUNT
01				012610	415	0301	01154 0310	132368
02				012610	415	0303	01154 0310	1150010
03						0916		
04						0307		
05				012610	415	0309	01154 0310	1310010
06						0310		
07						031		
08						031		