STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

536
1

IN-STATE
TRAVEL EXPENSE VOUCHER

NAME: (FIRST, MIDDLE, LAST):	ADDRESS:	CITY:

STATE:	ZIP:	OFFICIAL STATION/BASE	PROG/COST CENTER NAME:	DATE PREPARED:

PAY FROM HUMAN RESOURCES TRUST FUND

APPROVED _____ DEPARTMENT HEAD

MONTH AND DATE	POINTS OF TRAVEL FROM	TO	PRIVATE CAR MILES	FARE OR TRAVEL TAX EXEMPT	HOUR OF DEPARTURE AM	HOUR OF DEPARTURE PM	HOUR RETURNED TO BASE AM	HOUR RETURNED TO BASE PM	NO. UNITS @ ¼ DAILY RATE	AMOUNT PER DIEM CLAIMED
SUB-TOTALS FROM REVERSE										
TOTAL TRANSPORTATION				$	TOTAL PER DIEM					$
Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.					TOTAL MISCELLANEOUS					$
			AMOUNT		TOTAL THIS EXPENSE ACCOUNT					$
			$							

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

_____
(Signature of traveler)

Sworn to and subscribed before me this the _____ day of _____ 19___

_____
(Notary Public)

	AGCY	DOCUMENT ID	M M D D Y Y	F M F Y	BG-FY	VENDOR	AMOUNT
PV							

LN.	CD.	REF. NUMBER	LN.	ORG.	SUB-ORG	OBJT	RPT-CTG.	AMOUNT
01						0301		
02						0303		
03						0916		
04						0307		
05						0309		
06						0310		
07						03		
08						03		

DHR-FD-1147
Revised 10/93

CONTINUE FROM FRONT

MONTH AND DATE	POINTS OF TRAVEL		PRIVATE CAR MILES	FARE OR TRAVEL TAX EXEMPT	HOUR OF DEPARTURE		HOUR OF RETURN TO BASE		NO. UNITS @ ¼ DAILY RATE	AMOUNT PER DIEM CLAIMED	
	FROM	TO			AM	PM	AM	PM			
POST SUB-TOTAL TO FRONT				$						$	

MADISON COUNTY DEPARTMENT OF HUMAN RESOURCES

Mileage Form for Foster Parents/Behavioral Aides

(This form does not have to be notarized and may be handwritten)

SSN _____

Name _____

Home Address _____

City/State _____ ZIP _____

County _____ Phone # _____

I hereby certify that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel authority given me.

_____
Signature of Traveler

_____
Approval of DHR Social Worker

DATE	FROM	TO	MILES	HOUR Depart*	HOUR Return*	PARKING etc.**	CHILD	SOCIAL WORKER	PURPOSE

*OUT OF COUNTY TRAVEL ONLY

**Be sure to include receipts for any parking fees, child/client meals being claimed.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.