

**DEPARTMENT OF NATURAL AND CULTURAL RESOURCES
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED
IN THE DISCHARGE OF OFFICIAL DUTY**

Check if new address

INSTRUCTIONS TO CLAIMANT:

Submit one original to the DNCR Budget & Finance Office. Attach all required receipts and other supporting documents to this form.

Retain one (1) copy for your records. Must be filed at least monthly and not later than 30 days after month ends. Must be in ink or typed.

Payee's Name (First, Middle Initial, Last)	Division/Section	EMP. BEACON ID # or Non - EMP. SS# (Only)
Payee's Home Address (Street)	Title	Headquarters (City)
(City, State, Zip)	Period covered by this request (Start to end)	Expense form completed by and Phone Number:

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State.

I examined this reimbursement and supporting documents. I certify that it accurate and allowable.

_____	_____	_____	_____	_____
Claimant	(Date)	Division Director or Deputy	Print Name	(Date)
_____	_____	_____	_____	_____
Supervisor	Printed Supervisor	Date	Secretary (if applicable)	Print Name (Date)

NOTE: ORIGINAL SIGNATURES AND DATES ARE REQUIRED FOR PROCESSING

PURPOSE FOR THE REIMBURSEMENT -							
Line No.	AMOUNT	COMPANY	ACCOUNT**	CENTER	CFDA	ACCRUAL CODE	
0001							
0002							
0003							
0004							
0005							
0006							
0007							
0008							
0009							
0010							
Total Expense							
Tot. Due(Owe)	\$0.00						

Leave blank unless you have an advance

*Description - Ensure that the amount listed beside the description is actually for the description.

**Account - Ensure that the account listed is correct and matches the description.

Accounting Office Use Only			
Pay Entity:	46PE	Terms Code:	NET
		Expense Voucher No.:	EXP
		Control #:	
Audited and entered by Accounts Payable employee			
Budget Office Approval			

Travel (show each city visited)			Transportation			Subsistence (meals)			M-Misc. Expenses				
			1	In-State	Out-of-State	Out-of-Country	2	In-State	Out-of-State	Out-of-Country	3	Explanation	Amount
Date	From - To	To - From	A								G	TAXI	
							B				P	PARKING	
Work Hours							L				R	Registration	
Depart							D				B	BAGGAGE	
Arrive							H				O	OTHER	
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
Date	From - To	To - From	A				B				G		
							L				P		
Work Hours							D				R		
Depart							H				B		
Arrive											O		
Board, Commission, Committee member mileage:		@ 0.25 /mile	P	\$ -									
Daily Personal Car Mileage:			P	\$ -	<input type="checkbox"/>	Check here for out-of-state trans	tot.	0.00	0.00	0.00			0.00
GRAND TOTAL				0.00	0.00	0.00	S	0.00	0.00	0.00			0.00
							H	0.00	0.00	0.00			

Work hours - The actual hours worked that day (start time and end time)

(1) Mode of Travel:

P - Personal car M - Misc. rail, Bus, Taxi, Parking, Baggage, Registration
A - Air O - Other

(2) Type of Subsistence:

B - Breakfast D - Dinner
L - Lunch H - Housing (Room)
S - Meals subsistence

NOTE: Daily total for subsistence not to exceed authorized amount for

(3) Miscellaneous Expenses