

Voucher No.

Originating Agency				Agency Code				Interest Eligible Y/N N									
Payment Date MM/DD/YY						OSC Use Only						Liability Date MM/DD/YY					
Payee ID			Additional			Zip Code			Route		Payee Amount			MIR Date MM/DD/YY			
Payee Name (Last)					S P A C E	FI	S P A C E	MI	S P A C E	Suffix	IRS Code		IRS Amount				
Address										Stat Type		Statistic		Indicator Dept		Ind Statewide	
Address										Ref/Inv Number (14 additional spaces) TRAVEL							
City				State			Zip			Ref/Inv Date MM/DD/YY							
Purpose of Travel										Official Station							
Destination (including county)										Residence							

Departure Date And Time	Return Date And Time	Neg Unit	Travel Advance	Yes No	Paid By Direct Bill	Yes No	Corporate Card	Yes No
1.) Indicate All Travel Expenses – Use detail sheet if necessary			Totals		2.) Summary		Amount	
Lodging			\$		A. Total Travel Expenses		\$	
			\$		B. Subtract Amount Billed Directly to Agency (Corp Card)		\$	
Transportation			\$		Other Direct Bill to Agency (Specify)		\$	
			\$		C. Subtract Amount Paid with Travel Advance		\$	
Meals			\$		D. Other Adjustments (Specify)		\$	
			\$				\$	
Mileage @ ¢ per mile =			\$				\$	
Incidental Expenses (List)			\$				\$	
			\$				\$	
Total Travel Expenses – Enter in Section 2 Line A			\$		Total Amount To be Reimbursed to Traveler		\$	

<p align="center">Payee's Certification</p> <p>I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.</p>			<p>State Comptroller's Pre-Audit Certified For Payment By</p>	
<p>_____ Signature Title Date</p>			<p align="center">Agency Finance Office Use</p> <p>I certify that this claim is correct and just, and that this payment is approved.</p>	
<p align="center">Supervisor's Certification</p> <p>I, the claimant's Supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.</p>			<p>_____ Authorized Signature</p>	
<p>_____ Signature of Supervisor Title Date</p>			<p>_____ Title Date</p>	

[illegible]