UNIVERSITY OF SOUTH ALABAMA

IN-STATE TRAVEL FORM

Name _____ Title _____ Soc. Sec. # _____

Department or Division _____ JAG # _____

Mailing Address _____

Reason for making trip _____ Phone # _____

Please check one: ☐ Employee ☐ Student ☐ Other (Specify) _____

	Points of Travel		*Transportation*			*Per Diem*				
				Mileage If In Private Car		Hour Of Departure		Hour Of Return		Amount Per Day
Dates	From	To	Mode		Amount	A.M.	P.M.	A.M.	P.M.	
				Total Transportation	$0.00			*Total Per Diem*		$0.00

Other Expenses
(Itemize other expenses and furnish required receipts. Use extra sheets if necessary.)

Total Other Expenses	$0.00
Total Expenses *(Transportation + Per Diem + Other Expenses)*	$0.00

CERTIFICATION

I HEREBY CERTIFY that the above statements are true and that I have incurred the described expenses and the mileage in the discharge of my official duties for the University and have not been reimbursed and have not filed nor will I file for reimbursement from any other source for said expenses. **I FURTHER CERTIFY** that if reimbursement for valet parking is claimed, then that was the only parking available.

_____

Signature of Traveler

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

_____ DAY OF _____ , _____

_____

NOTARY PUBLIC

My Commission Expires:

APPROVALS FOR PAYMENT

_____
Department Head

_____
Dean/Vice-President

_____
Controller

Fund	Org	Account	Program	Activity	Amount

Clear Form

Revised 10/01/05