

## Form M - Travel Reimbursement - FY12

### Meals, Mileage, Tolls, Parking and Train/Subway Fares(Only)

Revised 7.1.2011

Name	<input style="width: 90%;" type="text"/>	Employee ID	<input style="width: 90%;" type="text"/>	Department	<input style="width: 90%;" type="text"/>	Collective Bargaining Unit	<input style="width: 90%;" type="text"/>	
Street Address	<input style="width: 95%;" type="text"/>		City	<input style="width: 60%;" type="text"/>	State	<input style="width: 20%;" type="text"/>	Zip Code	<input style="width: 20%;" type="text"/>

Date	<input style="width: 90%;" type="text"/>	Description	<input style="width: 98%;" type="text"/>
Date	<input style="width: 90%;" type="text"/>	Description	<input style="width: 98%;" type="text"/>
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Mileage  
Mileage  
Mileage  
Mileage  
Mileage  
Mileage  
Mileage

Column A			Column B	
Mileage rate is .555 per mile.			Type (1)	Amount
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total A			Total B	<input type="text"/>

(1) Please indicate in drop down menu applicable category Meals; Tolls; Parking; Fares (Train/subway); Registration (or Conference) Fee [Receipts required]

Chartfield

Account	Fund	Department	Program	Grant/Project	
<input style="width: 60%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input type="checkbox"/> Grant <input type="checkbox"/> Project

Grand Total (A+B)

Travellers Certification: I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the travel rules and regulations.

Traveler \_\_\_\_\_ Date \_\_\_\_\_

Manager \_\_\_\_\_ Date \_\_\_\_\_

Type Manager's Name

#### FINANCIAL SERVICES USE ONLY

Voucher No.

Vendor No.

Schedule Date

Entered by:

Invoice