

DEPARTMENT, INSTITUTION, OR AGENCY

Name:			
Address:			
City:			
State:		Zip:	
Vendor ID:			Suffix:

TRAVELER'S SUPERVISOR	DATE
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[illegible]

I certify all computations are correct and that all necessary and required receipts are attached
Initial _____

Category	Number of Students	Percentage of Total
1. No answer	1	1.0%
2. Not applicable	1	1.0%
3. Other	1	1.0%
4. Yes	1	1.0%
5. No	1	1.0%
TOTALS	5	5.0%

VOUCHER NUMBER

DATE (MM/DD/YY)

TOTAL SHEET 2

PURPOSE OF TRIP

— CONFERENCE
— ATHLETICS
— RECRUITMENT

- PRESENTATION
- INVESTIGATIONS
- EDUCATION

☐ EXTRADITIONS
☐ FIELD WORK
☐ OTHER (EXPLAIN)

TOTAL SHEET 3

GRAND TOTAL

AMOUNT ADVANCED

Payment/ (Due To Agency)

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT						PROJECT		
			FUND	DET		PROG	SUB	ELE			PROJECT	TK	PH						
COST CODE	FIPS	PSD	AGENCY REFERENCE				INVOICE					DUE DATE			REFERENCE DOC				
							DATE		NUMBER			MM	DD	YY	NUMBER		SX		
DESCRIPTION									CURRENT DOCUMENT			SUBSIDIARY ACCOUNT		MULTI- PURPOSE		1099	CHECK IF CONTINUATION SHEET ATTACHED		
									NUMBER		Sx								
																DA 02-041 (1/8/1)			

TRAVELER'S COPY

CHECK IF
CONTINUATION
SHEET ATTACHED