



## Travel Claim

Name: \_\_\_\_\_

Social Security number:

County of residence: \_\_\_\_\_

If employed less than three months give entry on duty date:

Are you a state employee? ☐ Yes ☐ No

If non-employee, give address with zip code plus 4 :

Is car state owned?

☐ Yes ☐ No

Vehicle tag number:

Did you stay at a state lodge?

☐ Yes ☐ No

Phone number with area code: \_\_\_\_\_

**COMPLETE ONLY IF TRAVEL WAS OUT-OF-STATE**

Were airline tickets purchased by Agency?

☐ Yes ☐ No

Did you drive out-of-state?

☐ Yes ☐ No  
☐ Yes ☐ No

If yes, attach comparison.

[illegible]

☐ Check here if additional page(s) are needed.

I, \_\_\_\_\_, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Claimant Signature

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Date \_\_\_\_\_

|                                      |                                   |               |
|--------------------------------------|-----------------------------------|---------------|
| Mode of public transportation: _____ | Total map: _____                  | <b>Totals</b> |
| _____                                | Total vicinity: _____             |               |
| Itemized local transportation: _____ | Combined mileage @ .51 = _____    |               |
| _____                                | Per diem _____                    |               |
| _____                                | Lodging _____                     |               |
| Itemized miscellaneous costs: _____  | Public transportation _____       |               |
| _____                                | Local transportation _____        |               |
| _____                                | Miscellaneous _____               |               |
| _____                                | <b>Total amount claimed</b> _____ |               |

Authorized approval signature

Authorized approval (print name)

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Date \_\_\_\_\_

Please charge this claim to:

Finance account:

Finance location: