STATE OF ALABAMA
STATEMENT OF OFFICIAL IN-STATE TRAVEL

Department/Agency	Code Number	Division	Funds

APPROVED _____
Director of Title III Funds

_____
Official Station or Base

Name
Address
City State Zip

SSN
Above Space for Name, Address & SSN of Traveler

Month And Date	POINTS OF TRAVEL From City/County	POINTS OF TRAVEL To City/County	Private Car Miles	Hour of Departure From Base AM	Hour of Departure From Base PM	Hour of Return to Base AM	Hour of Return to Base PM	Amount Per Diem Claimed

Total Number of Miles Traveled		TOTAL PER DIEM CLAIMED	
		MILEAGE (# of miles x mileage rate)	
Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.		MISCELLANEOUS EXPENSE	
		TOTAL THIS EXPENSE ACCOUNT	$

I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel granted me.

_____
Signature of Traveler

Sworn to and subscribed before me this _____ day of

_____

_____
Notary Public

Mileage Rate: $0.556