Form D.F.C. 6 Rev7-90

STATE OF ALABAMA

STATEMENT OF OFFICIAL TRAVEL

Original for Comptroller

(Department or Agency) _____ Code Number) _____ (Division) _____

Pay from _____ Funds

Approved _____
Director of Title III

_____
Official Station or Base

Above Space for Name and Address of Employee

Month and Date	POINTS OF TRAVEL From	POINTS OF TRAVEL To	Private Car. Miles	Fare or Travel Tax Exempt	Hour of Departure A.M.	Hour of Departure P.M.	Hour of Return To Base A.M.	Hour of Return To Base P.M.	Number Units @ - ¼ Daily Rate	Amount Per Diem Claimed	
TOTAL AMOUNT FOR TRANSPORTATION					TOTAL PER DIEM						

Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.

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 authority granted me.

_____
(Signature of traveler)

Sworn to and subscribed before me this the _____ day of _____ 20 ____

_____
(Notary Public)