

TRAVEL EXPENSE ACCOUNT - LOUISIANA TECH UNIVERSITY

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached, as required by travel regulations. White and blue copies to be turned in to Comptroller's Office.

NAME OF OFFICER OR EMPLOYEE

ADDRESS

CITY

AUTHORIZATION NO.

DATE OF CLAIM

DEPARTMENT CODE

FOR PERIOD

LIMITATION BY BUDGET HEAD
\$**EXPENSE SUMMARY**

Automobile:	Per Mile Cost:	mi. @	\$0.52	\$	
		mi. @	\$0.52	\$	\$
Subsistence:	Lodging			\$	
	Meals			\$	\$
Tolls and Parking					\$
Other Expenses					\$
Total Reimbursable Costs					\$
Less:					\$
Less:					\$
Total Paid					\$

CERTIFICATE OF PAYEE

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

TITLE OR POSITION

OFFICIAL DOMICILE

Ruston, LA

CERTIFICATE OF HEAD OF BUDGET UNIT

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

SIGNED BY: NAME

TITLE

REMARKS (INCLUDE PURPOSE, EXPLANATION OF UNUSUAL ITEMS, & NAMES OF PERSONS INCLUDED IF MORE THAN ONE)

TO BE COMPLETED BY COMPTROLLER

DATE PAID	ACCOUNT TO BE CHARGED				
	CLASS	DEPT.	Budget-Object	FUND NO.	AMOUNT
CHECK NO.					
AUDITED BY					
APPROVED (Comptroller)					

