TRAVEL EXPENSE ACCOUNT					DATE OF CLAIM		
BA-12 (Rev.6/17) Travel expense report must be submitted within 10 business days of the travelers return.					DEPARTMENT		
Receipts must be attached as required NAME OF OFFICER OR EMPLOYEE	by travel regulations.				G-NUMBER		
NAME OF OFFICER OR EMPEOTEE					G-NOMBEK		
ADDRESS					ENCUMBRANCE NUMBER		
ADDRESS ENCOMBRANCE NUMBER							
CITY DATES OF TRAVEL							
					DATES OF TRAVEL		
						1	
		Expense Summary				1	
Automobile:			1			 	
	Dor Mile Coets		0 miles @ .58 per miles			\$0.00	
	Per Mile Cost:						
							\$0.00
	LODGING	LODGING					• • • • • • • • • • • • • • • • • • • •
Subsistence:							\$0.00
	MEALS	MEALS					
							\$0.00
Tolls and Parking							\$0.00
Tips (FOR BAGGAGE HANDLING ONL Other Expenses	_Y)						\$0.00 \$0.00
Sub Total/Total Expenses							\$0.00
LESS: Prepaid Expenses							\$0.00
Total Reimbursable Costs							\$0.00
I certify that this expense account is jus only; that the expenses charged were in I certify that I am aware that I must prov receipts or other supporting documenta form, and I must reimburse the Universi	ncurred on official busing vide receipts for all item tition for items paid by the	ess of the State and none of as paid by the Travel Credit of ne Travel Credit Card, CBA,	were actually and of the expenses ha Card, CBA, and G and Gas Card, th	ave been paid by the State; and that t as Card (i.e. conference registration, e amount will be considered a persor	the full amount is justly due. vehicle rental, lodging, and gas) nal expense. I will be required to	sign a missing rec	
SIGNATURE OF PAYEE:	ny for the Total / thousand	DATE:	TITLE OR POSIT		our be deducted from my payoric		ICIAL DOMICILE
I certify that the charges set forth on this amounts claimed are just and reasonab		e been examined by me; th		Head of Budget Unit which the charges are made were ne	ecessary and proper; and that, in	my opinion, the	
SIGNED BY: DATE:				NAME	NAME TITLE		
REMARKS BY HEAD OF BUDGET UN	IT IN EXPLANATION C	OF UNUSUAL ITEMS, ETC.					
TO BE COMPLETED BY DISBURSEMI	ENT OFFICE ONLY:						
	VELER'S NAME	ENCUMBRANCE NO.	AMOUNT	DISBURSEMENT ACCT. INITIAL/DATE	DISBURSEMENT MGR. INITIAL/DATE		
<u>σ</u> ,	- 1	ENCOMBRANCE NO.	AWOUNT	INTIALIDATE	INTERACTOR IL		
						1	