

**LURLEEN B. WALLACE COMMUNITY COLLEGE
STATEMENT OF OFFICIAL OUT-OF-STATE and
IN-STATE DUES PAYING EVENT TRAVEL**

Employee Name

Department

Supervisor Signature

_____	_____	_____	_____	_____
FUND	ORG	ACCT	PROG	AMOUNT
_____	_____	_____	_____	_____
FUND	ORG	ACCT	PROG	AMOUNT

Purpose of Travel

Date	POINTS OF TRAVEL		TOTAL PRIVATE CAR MILES	AIR FARE OR TRAVEL COST (.56 or .16)	(Required) HOUR OF DEPARTURE	(Required) HOUR OF RETURN	PER DIEM M&IE	ACTUAL EXPENSE LODGING	TOTAL
	From:	To:							
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
					AM	AM			
					PM	PM			
		TOTALS							
									TOTAL MISCELLANEOUS (Itemize Below)
									TOTAL THIS EXPENSE ACCOUNT

MISCELLANEOUS EXPENSES (Detail miscellaneous expenses below and furnish receipts. Use additional sheets, if necessary.)	
COMMERCIAL TRANSPORTATION (TAX EXEMPT)	\$
POSTAGE AND TELEPHONE	\$
OTHER MISCELLANEOUS EXPENSES	\$
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL MISCELLANEOUS EXPENSES	\$

I hereby certify that the travel and expenses indicated hereon was accomplished in the performance of official duties pursuant to travel authority granted me.

Traveler: _____
Signature