

Name _____ P.O/P.A _____

Budget	TRIP DETAIL	EXPENSE COMPUTATION			
DEPARTED	From _____ To _____ Ending Odometer _____ Beginning Odometer _____ Total Miles _____	STATE MAXIMUM	ITEM	ACTUAL EXPENSES	EXCESS OVER STATE EXPENSES
Date _____			Miles @ \$53.5		
RETURNED	Contact Person _____ Purpose _____ Tips: _____ Other: _____		Hotel		
Date _____			Breakfast		
Time _____			Lunch		
Time _____			Dinner		
Check here if round trip ()			Taxi		
			Gratuities		
			Parking		
			Other		
			Sub-Total		

Budget	TRIP DETAIL	EXPENSE COMPUTATION			
DEPARTED	From _____ To _____ Ending Odometer _____ Beginning Odometer _____ Total Miles _____	STATE MAXIMUM	ITEM	ACTUAL EXPENSES	EXCESS OVER STATE EXPENSES
Date _____			Miles @ \$.535		
RETURNED	Contact Person _____ Purpose _____ Tips: _____ Other: _____		Hotel		
Date _____			Breakfast		
Time _____			Lunch		
Time _____			Dinner		
Check here if round trip ()			Taxi		
			Gratuities		
			Parking		
			Other		
			Sub-Total		

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			Parking		
			Other		
			Sub-Total		

Fund No.	Function	Class-Object	Sub-Object	Organization	Fiscal Yr.	Program
		6411	00			
		6411	00			
		6411	00			

EXCESS OVER STATE BUDGET

199	41	6411	00	299	5	99
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TOTAL		
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I certify that the travel listed/activity supported was made in connection with official Education Service Center business and the amounts claimed are correct, true, and unpaid.

Claimant (Signature) _____ Date _____ **APPROVED BY:** _____ Associate Director or Designee _____ Date _____