

Disabilities and Special Needs
DEV TRAVEL SUPPORT DOCUMENT

NAME _____
 RESIDENCE _____

SOCIAL SECURITY NUMBER _____
 OFFICIAL HEADQUARTERS _____

AGENCY NUMBER **J16**
 DATE _____

**MEALS & SUBSISTENCE ARE REPORTABLE AS
 INCOME IF THERE WAS NO OVERNIGHT STAY
 INVOLVED.

**REPORTABLE IN OR OUT OF STATE						0520				0509				*0237	*Use T/C					
NON-REPORTABLE--IN STATE		1	SAME	0504	0172	0501	0502	0503	0505	0506	0508	0507	0517	*0232	640					
NONREPORTABLE--OUT OF STATE		2	DAY	0514	0172	0511	0512	0513	0515	0516	0518	0517	0517	*0232						
DATE	DEP	ARR	TIME	AM	PM	DESTINATION OF TRAVEL	1 OR 2	1 = YES 2 = NO	AUTO MILES	PER DIEM	MEALS	LODGING	AIR TRANS	OTHER TRANS	MISC TRAVEL EXPENSE	SUBSIST ALLOW	REGIST FEES	NONSTATE EMPLOYEE TRAVEL	TOTAL	
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
																				0.00
For Business Office use: Vendor No.	Fund	T	Source	Reg	Prog/Service	Cost Center			0520				0509				*0237	TOTAL		
									0.00				0.00					0.00		
I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of State laws, rules and regulations.							1		0504 0 x 0.00	0172 0.00	0501 0.00	0502 0.00	0503 0.00	0505 0.00	0506 0.00	0508 0.00	0507 0.00	*0232 0.00	TOTAL 1	0.00
							2		0514 0 x 0.00	0172 0.00	0511 0.00	0512 0.00	0513 0.00	0515 0.00	0516 0.00	0518 0.00	0517 0.00	*0232 0.00	TOTAL 2	0.00
Date _____ Signature (Employee) _____							GRAND TOTAL													

FOR OUT-OF-STATE TRAVEL - ATTACH COPY OF APPROVED TRAVEL REQUEST.
THE ABOVE INFORMATION AND AMOUNTS HAVE BEEN VERIFIED FOR ACCURACY:

APPROVED FOR PAYMENT

Date _____ Signature (Program Administrator) _____

Date _____ Signature (Regional Finance) _____