

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PUBLIC SAFETY SERVICES**

TRAVEL EXPENSE ACCOUNT

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

	DATE OF CLAIM
NAME OF OFFICER/EMPLOYEE	AGENCY
Personnel Number (mandatory)	SECTION/TROOP
Destination & Purpose of the Trip:	Date of Trip(s)

EXPENSE SUMMARY

	LUMP SUM ALLOWANCE OR PER DIEM			
Automobile:	PER MILE COST:	0.51	mi@	
		* Per mile cost may differ from year to year (check travel regs)		
Subsistence:	LODGING			
	MEALS			
*Laundry:				
*Standard Allowance:				
Miscellaneous:	ground transportation, baggage fees and tip, phone, airport parking			
Subtotal:				
Less: Travel Advance:				
Total Reimbursable Cost:				

IF TOTAL REIMBURSABLE COST IS A NEGATIVE VALUE, CHECK OR MONEY ORDER MUST BE ATTACHED

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/POSITION OFFICIAL DOMICILE

CERTIFICATE OF SUPERVISOR

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 BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

