Email Form Print Form

Form D.F.C. 6
1/2018

STATE OF ALABAMA
STATEMENT OF OFFICIAL IN-STATE TRAVEL

Page ___ of ___
(Number pages consecutively)

Unified Judicial System _____
(Department or Agency) (Code Number)

Pay From: _____ Funds

Approved: _____
(Department Head)

OFFICE: ☐ Circ. Ct. ☐ Dist. Ct. ☐ Retired ☐ Clerk ☐ Ct. Reporter ☐ JPO ☐ AOC ☐ Other

NAME: _____

ADDRESS: _____

_____

Please file monthly.
Above space for name, address, and SSN of traveling employee

_____
Official Station or Base (City where you work)

_____
Name/Date of Conference or Meeting (if applicable)

Month and Date xx	POINTS OF TRAVEL (Include Return to Base) Must be a City: From xx	To xx	Private Car Miles (Enter # of Miles)	Hours of Departure: A.M.	P.M.	Hours of Return to Base: A.M.	P.M.	Amount Per Diem Claimed

TOTAL NUMBER OF MILES TRAVELED:	0	**GRAND TOTAL PER DIEM:**	0
Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary.		***MILEAGE** (# of miles X $0.545	$ 0
		REGISTRATION/OTHER:	$
☐ Authorized Overnight per diem for trip less than 100 miles (See attached Documentation)		**GRAND TOTAL EXPENSE THIS CLAIM:**	$ **0**

WAIVER OF PER DIEM

If you are waiving per diem, please (1) check the box below and (2) sign below:

☐ The traveler hereby waives per diem.

Signature_____

I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel granted me.

_____
Signature of Traveler
Signature may be an original, copy, or electronic signature (e.g. '/s/ John Doe')
Please do not include two fiscal years on one claim

COMPLETE IN FULL. FAILURE TO PROVIDE COMPLETE INFORMATION COULD RESULT IN PROCESSING DELAYS. PLEASE SIGN NEXT TO ANY CORRECTIONS MADE ON THIS FORM.

AOC USE ONLY: _____
Code

0301$_____ 0309 $_____

0303$_____ 0916 $_____

0307$_____

Date:_____

***Round to the nearest whole cent**
****Carry all Grand Totals forward to last page**

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