Form D.F.C. 6 1/2024

## STATE OF ALABAMA STATEMENT OF OFFICIAL IN-STATE TRAVEL

| Page _ | of                    |
|--------|-----------------------|
| (Numbe | r nages consecutively |

| Unified Judicial System (Department or Agency) (Code Number)   |                             | de Number)  | OFFICE: ☐ Circ. Ct. ☐ Dist. Ct. ☐ Retired ☐ Clerk   |                                    |                            |      |                    |                   |  |
|--|-----------------------------|---|---|------------------------------------|----------------------------|------|--------------------|-------------------|--|
| Pay From:Funds   |                             |   | ☐ Ct. Reporter ☐ JPO ☐ AOC ☐ Other  |                                    |                            |      |                    |                   |  |
| Approved:(Department Head)   |                             | NAME  |   |                                    |                            |      |                    |                   |  |
|  |                             |   | NAME:   |                                    |                            |      |                    |                   |  |
| Official Station or Base (City where you work)   |                             | ADDRESS:  |   |                                    |                            |      |                    |                   |  |
| Name/Date of Conference or Meeting (if applicable)   |                             |   | Please file monthly.  Above space for name and address of traveling employee  |                                    |                            |      |                    |                   |  |
| Month,<br>Date, &  | POINTS O (Include Re        | Private<br>Car<br>Miles   | Hours of<br>Departure   |                                    | Hours of Return<br>to Base |      | Amount<br>Per Diem |                   |  |
| Year<br>xx/xx/xx   | From (City)                 | To (City)   | (Enter # of<br>Miles)   | A.M.                               | P.M.                       | A.M. | P.M.               | Claimed           |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             | <u> </u>  |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
|  |                             |   |   |                                    |                            |      |                    |                   |  |
| TOTAL NUMBER OF MILES TRAVELED:  |                             |   | :   | GRAND TOTAL PER DIEM:              |                            |      |                    |                   |  |
| Detail miscellaneous expense and furnish receipts when required. This space for departmental approval, etc. Use extra sheets when necessary. |                             |   |   | *MILEAGE (# of miles X \$          |                            |      |                    |                   |  |
|  |                             |   | REGISTRATION/OTHER: \$  |                                    |                            |      |                    | \$                |  |
| Authorized Overnight per diem for trip less than 100 miles (See attached Documentation)  |                             |   | S GRAND   | GRAND TOTAL EXPENSE THIS CLAIM: \$ |                            |      |                    |                   |  |
| WAIVER OF PER DIEM  If you are waiving per diem, please (1) check the box below and (2) sign below:  |                             |   | I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel granted me. |                                    |                            |      |                    |                   |  |
| ☐ The Signature  | traveler hereby waives p    | 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 |   |                                    |                            |      |                    |                   |  |
| COMI   | PLETE IN FULL. FAILU<br>PLE | RE TO PROVIDE COM<br>ASE SIGN NEXT TO A   |   |                                    |                            |      |                    | ROCESSING DELAYS. |  |
| *Round to the nearest whole cent   |                             |   |   |                                    |                            |      | e cent             |                   |  |

<sup>\*\*</sup>Carry all Grand Totals forward to last page