

STATE OF ALABAMA

STATEMENT OF OFFICIAL IN-STATE TRAVEL

Unified Judicial System (Department or Agency) _____ (Code Number) _____ Pay From: _____ Funds Approved: _____ (Department Head) _____ Official Station or Base (City where you work) _____ Name/Date of Conference or Meeting (if applicable) _____	OFFICE: <input type="checkbox"/> Circ. Ct. <input type="checkbox"/> Dist. Ct. <input type="checkbox"/> Retired <input type="checkbox"/> Clerk <input type="checkbox"/> Ct. Reporter <input type="checkbox"/> JPO <input type="checkbox"/> AOC <input type="checkbox"/> Other NAME: _____ ADDRESS: _____ _____ <p style="text-align: center;">Please file monthly. Above space for name, address, and SSN of traveling employee</p>
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Month and Date xx	POINTS OF TRAVEL <small>(Include Return to Base) Must be a City</small>				Private Car Miles <small>(Enter # of Miles)</small>	Hours of Departure		Hours of Return to Base		Amount Per Diem Claimed
	From	xx	To	xx		A.M.	P.M.	A.M.	P.M.	

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 \$)		\$
<input type="checkbox"/> Authorized Overnight per diem for trip less than 100 miles (See attached Documentation)	REGISTRATION/OTHER:		\$
	GRAND TOTAL EXPENSE THIS CLAIM:		\$

<p style="text-align: center;"><u>WAIVER OF PER DIEM</u></p> <p>If you are waiving per diem, please (1) check the box below and (2) sign below:</p> <p><input type="checkbox"/> The traveler hereby waives per diem.</p> <p>Signature _____</p>	<p>I HEREBY CERTIFY that the travel and expense indicated hereon was accomplished in the performance of official duties pursuant to travel granted me.</p> <p style="text-align: center;">_____ Signature of Traveler</p> <p style="text-align: center;"><small>Signature may be an original, copy, or electronic signature (e.g. /s/ John Doe')</small></p> <p style="text-align: center;">Please do not include two fiscal years on one claim</p>
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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**