

Travel Expense Statement

Name	Department
Address	Purpose

Date	Breakfast	Lunch	Dinner	Lodging	Miles Driven	Mileage rate .67	
Totals							
Other Expe	enses:	1	1	11	1	1	
Data							Amour

Date	Expense Type	Amount	
		Total Expenses	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses in the discharge of my official duties for the state.

Submitter Signature and Date

Approver Signature and Date