

Alabama Southern Community College Statement of Official Travel

Name: _____

Date: _____

Employee Number: _____

Department: _____

Month Date	Travel From	Travel To	Time Depart	Time Return	Total Miles	Non-Tax Per-Diem	Taxable Per-Diem

Please enter the Purpose of Travel Below	Total			
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I HEREBY CERTIFY that the travel expense indicated hereon was accomplished in the performance of official duties pursuant to travel authority granted me.	Business Office Use ONLY	
	Total Miles	
	Total Miles @ \$.56	
	Other Registration (Must Have Receipts)	
	Non-Taxable Per-Diem	
	Total Non-Taxable (601)	
Code:		
Signature of Traveler		
Date	Total Taxable (621):	
Sworn to and subscribed before me this ____ day of ____.	Code	
_____ Notary Public	Added to End of Month Payroll Check	
	Total Reimbursement:	

Approved: Director/ Dean/ President	Approved: Business Office