ALABAMA SOUTHERN COMMUNITY COLLEGE STATEMENT OF OFFICIAL TRAVEL

Name:							
Employee #:_							
Month/	Points of Travel		Time	Time	Total	Non-Tax	Taxable
Date	From	То	Departure	Ret to Base	Miles	Per-Diem	Per-Diem
				TOTAL:			
Purpose of Ti	ravel:						
			1		0.001 77		
			For Business Office Use ONLY:				
I HEREBY CERTIFY that the travel expense indicated hereon was accomplished in the performance of official duties pursuant to travel authority granted me.			TO	OTAL MILES:			
			Total Miles @ \$0.56				
			Other/Registration				
			(Must Have Receipts)				
			Non-Taxable Per-Diem				
Signature of Traveler			TOTAL NON-TAXABLE				
			(601)				
	Date:		CODE:				
						·	•
			TOTAL TAXA	ABLE (621):			
			CODE:				
Sworn to and subscribed before me this							
day of			Added to End of the Month Payroll Check TOTAL				
•			REIMBURSEN	MENT:			
	(Notary Public)		REMIDERSE	VILITI.		_	
Approved: Director/Dean/President			Approved: Business Office				