

This box State of Missouri Use Only Document Number: PVQ			-
FOR MONTH OF	PAGE	OF	
DEPARTMENT / DIVISION OR INSTITUTION	•		

TRAVEL EXPENSE REPORT MAME (LAST, FIRST, MI)									DEPARTMENT / DIVISION OR INSTITUTION VENDOR CODE (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER) XXX-XX-							
DDRESS												UNIT/COUNTY				
DATE		FROM/TO	& PURPOSE		OVER-NIGHT STAY (X)	RET (X)	STANDARD MILES	FLEET MILES	BREAK- FAST	LUNCH	DINNER	LODGING	BUS R.R. AIR	OTHER*	TOTAL	
		TOTALC		OF ABOVE												
TOTALS FROM OTHER PAGES TOTAL STANDARD MILES										AT		PER MILE				
TOTAL FLEET MILES																
TOTAL OUTSTATE TOTAL OUTSTATE \$				TO	TAL REII	MBURSA	BLE EXP	PENSE -A	Attach Re	ceipts, if	necessa	ry.				
DATE		* EXPLANAT	ION OF OTHER	?												
hereby certi	ify the above	e claim is co	rrect, that the	se expenses v these expens	vere necess	ary to cond	uct state bus	siness, that p	payment ha	s been mad	e from perso	onal funds fo	r which I ha	ave not beer	reimbursed,	
PPROVAL SI		,,	, paye	тосс сиропо				CLAIMANT S	IGNATURE					DATE		
TITLE DATE							TITLE	OFFICIAL DOMICILE								
ERIFIED BY AND	D DATE	FUND	AGENCY	ORG/S	SUB	APPR UNIT	FUNCTION	ACTIVITY	OBJ	J/SUB	JOB N	UMBER	REP CAT	AM	IOUNT	
					/					/						
ODED BY AND I	DATE				/					/						
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