

**STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL**

NAME Jane Doe

Invoice ID	Date	Employee ID No	Return Date	Advance	Expense	License No.	Home Station		
	02/29/2012	999999	see below		X	see below	Pierre		
Date mm/dd/yyyy	Description of Travel, Destination Miles, Misc. Expense, etc.	Time Leave	AM/PM Return	Auto Miles	Trans. Cost	Overnight Meals	Non-Over- Ngt Meals	Lodging	Miscellaneous Expense
08/03/2009	Pierre-Yankton-Pierre state plane supervisory visit	8:00 AM	5:00 PM				\$9.00		
08/06/2009	Pierre-Redfield-Pierre private vehicle 36G999 state vehicle not available - 54798 to 55043 - high mileage approval attached - 7 miles in town travel supervisory visit	7:00 AM	8:30 PM	245	\$90.65		\$21.00		
08/10/2009	Pierre-Sioux Falls	8:00 AM				\$12.00		*	\$250.00
08/11/2009	Sioux Falls					\$17.00		\$50.22	
08/12/2009	Sioux Falls					\$17.00		\$50.22	
08/13/2009	Sioux Falls-Pierre state vehicle BC101 checked out to John Doe lunch included in \$250 registration fee - receipt attached lodging receipt attached - *8/10/09 stayed with family in Brandon annual accounting conference - agenda attached		3:00 PM			\$14.00			
08/17/2009	Pierre - Orlando, FL	3:00 PM				\$17.00		\$96.12	\$20.00
08/18/2009	Orlando					\$36.00		\$96.12	
08/19/2009	Orlando					\$36.00		\$96.12	
08/20/2009	Orlando-Pierre commercial flight paid by state - tickets attached \$40 cab fare - receipts attached travel request attached lodging receipt attached annual finance conference - agenda attached		3:00 PM			\$19.00			\$20.00
08/27/2009	Pierre-Rapid City	8:00 AM				\$21.00			
08/28/2009	Rapid City-Pierre state vehicle BC101 lodging on 08/27/09 direct billed purchasing workshop - agenda attached		4:00 PM			\$14.00			
SUBTOTALS				245	\$90.65	\$203.00	\$30.00	\$388.80	\$290.00
PURPOSE OF TRAVEL <u>see above</u>						GRAND TOTAL		\$1,002.45	
						APPLY TO ADVANCE			
						AMOUNT			
						REIMBURSABLE		\$1,002.45	

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my Knowledge and belief, is in all things true and correct.

original claimant signature _____
Claimant

09/03/2009
Date

original supervisor signature _____
Authorization

09/03/2009
Date

Authorization

Date