TRAVEL VOUCHER **ATTACHMENT I**

State Form 980 (R2/12-96)
Approved by State Board of Accounts, 1996
Approved by Auditor of State, 1996

Document Number: (3) LEAVE BLANK

Date (Month, Day, Year): (4) LEAVE BLANK

Agency Name: (5) DEPARTMENT OF CHILD SERVICES

Agency Number: (6) 2890/170000 CO.# 49

Employee's Name (Last, First, Mi)
(1) CASEMANGER, JOHN Q
(2) 1010 MAYBERRY LANE APT# 07
INDIANAPOLIS, IN 00000-0000

Post or Station: (7) 1234 BUSY AVE, INDIANAPOLIS, IN 00000

Social Security Number: (8) 000-00-0000

or

Federal I.D. Number: LEAVE BLANK

(28) NAME AND PHONE NUMBER OF TRAVEL CONTACT

This agency is requesting disclosure of your Social Security Number of Federal I.D. Number in accordance with IC 4-1-8.

(9) 07

Month/ (10) day	Travel Between Points: From (11)	To (12)	Hour of: Departure (13)	Arrival (14)	Subsistence: Lodging Expense (15)	Other Expense (16)	Travel Expenses: Other Expense (17)	No. Miles (18)	Mileage X .40 (19)
1/2	Indianapolis, IN	Vincennes, IN	6:00 AM		$72.15	$26.00		117	$ 46.80
1/3	In Vincennes				$72.15	$26.00			$ -
1/4	Vincennes, IN	Indianapolis, IN		5:30 PM		$26.00		117	$ 46.80
1/2	Parking in Vincennes Receipt attached						$15.00		$ -
									$ -
1/15	Indianapolis, IN	Franklin, IN	5:45 AM			$19.50		25	$ 10.00
	Franklin, IN	Indianapolis, IN		6:15 PM				25	$ 10.00
									$ -
1/17	Indianapolis, IN	New Castle, IN	9:30 AM					48	$ 19.20
	New Castle, IN	Middletown, IN						21	$ 8.40
	Middletown, IN	Indianapolis, IN		7:30 PM		$13.00		46	$ 18.40
	Regular work hours are 7:00 AM -3:30 PM								$ -
									$ -
									$ -
1/1									$ -
1/31	LOCAL MILEAGE							34	$ 13.60
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
		(20)			$159.30	$126.50	$32.00	451	$192.20

Amount: (21) LEAVE BLANK
FUND/OBJECT/CENTER: (21) LEAVE BLANK

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FUND/OBJECT/CENTER: (21) LEAVE BLANK

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FUND/OBJECT/CENTER: (21) LEAVE BLANK

(22) Gross Amou $510.00

Pursuant to the provisions and penalties of IC 5-11-10-1, I certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I certify that this voucher is correct, that the travel was authorized, that the claim is a proper charge against the Fund and Center indicated and that payment was authorized.

Signature of employee	Date (Month, Day, Year)	Signature Authorized by Agency	Date (Month, Day, Year)
(23) SIGN IN BLUE INK - ORIGINAL	(25)	(26) LEAVE BLANK	(27) LEAVE BLANK

(24) SUPERVISOR SIGNATURE IN BLUE INK - ORIGINAL