Reset a Form

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

Document Number	Date (Month, Day, Year)
Agency Name	Agency Number
Post or Station	Social Security Number or Federal I.D. Number

Employee's Name (Last, First, Mi)

Employee's Address

Month/ Day	Travel Between Points: From	Travel Between Points: To	Hour of: Departure	Hour of: Arrival	Subsistence: Lodging Expense	Subsistence: Other Expense	Travel Expenses: Other Expense	Travel Expenses: No. Miles	Travel Expenses: Mileage x .
Totals		**$**							

Amount	
FUND / OBJECT / CENTER	
Amount	
FUND / OBJECT / CENTER	
Amount	
FUND / OBJECT / CENTER	
Amount	
FUND / OBJECT / CENTER	

Gross Amount: 0.00

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)