TRAVEL VOUCHER

State Form 980 (R4 / 9-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

ENCOMPASS Voucher ID:		Date (MM/DD/YY)
Business Unit Name	Business Unit Number	Post or Station

Employee's Name (Last, First, Mi)	Employee's Address	Vendor ID:	Fund for Payment:

2009	Travel Between Points			Accounting Chartfields				Current Mileage Rate		$0.44
Month/ Day	From	To	Departure Arrival	Account	Department Program/Bud Ref	Project Activity	Non-Mileage Line Amount	Number of Miles	Mileage 595110/595510	Total Amount

SUMMARY - NON-MILEAGE AMOUNTS				
		595540	595594	
541002	595170	595550	595180	
595120	595192	595560	595190	Totals
595130	595194	595570	595195	
595140	595520	595575	595580	
595150	595530	595592	595590	

Pursuant to the provisions and penalties of IC 5-11-10-1, I certify that the foregoing Fund and Account 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 Account indicated and that payment was authorized.	
Signature of Employee	Date (Month, Day, Year)	Signature Authorized by Agency	Date (Month, Day, Year)