RESET ALL

FMIS-4A (07/21/03)

MULTI INTRA STATE TRAVEL – REIMBURSEMENT EXPENSE FORM

CAMPUS: MA

SSN:	Last Name, First Name, Middle Initial	Document Date	Document No. T	Pg ___ of ___

B.U. No.	P.R. No.	Type	Traveler's Title	Department	Vendor Code V	Voucher No.

___Single Claim (One Trip) ___Weekly Claim (Sunday-Saturday) ___Bi Monthly Claim (1st-15th or 16th-last day of mo) ___Monthly Claim (1st-last day of mo)

Trip No.	Date (mm/dd/yy)	Time Dep/Arr	From	To	Purpose/Comments:	No. of Days	Rate	Per Diem	M&IE	Lodging[1]	Transportation & Others[1]	Total
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00

[1] Attach Receipt Summary Worksheet if there are multiple expenses for Lodging, Transportation & Others and applicable receipts.

TOTAL CLAIM* 0.00

ACCOUNT CODE	SUBCODE	P/F/N	AMOUNT	ACCOUNT CODE	SUBCODE	P/F/N	AMOUNT	ACCOUNT CODE	SUBCODE	P/F/N	AMOUNT

TOTAL* 0.00

I certify that I incurred the above expenses for these trips.

Traveler Date

Approving Authority Date

Fiscal Officer, FO Code Date