

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

0103-ENG-DPH MANUAL MONTHLY TRAVEL EXPENSE REPORT

AGENCY NUMBER J040

STATE EMP: Y / N ADVISORY BOARD: Y / N SCEIS VENDOR NUMBER: NAME: STREET: CITY, STATE & ZIP:								DATE: HEADQUARTERS: CITY OF RESIDENCE:			COST CENTER.				
** MEALO & OUE	CICTENO	F 4DF		** REPORTABLE IN OR OUT OF STATE	3	T	PLEASE ALSO INCLUDE A SIGNED CGO A FORM WITH THIS T					KAVEL EXPENSE FURM			1
** MEALS & SUBSISTENCE ARE REPORTABLE AS INCOME IF THERE WAS NO OVERNIGHT STAY INVOLVED.				NON-REPORTABLE IN STATE NON-REPORTABLE OUT OF STATE	1 2	5050040000 5050540000	5050040001 5050540001	5010720000 5010720000	5050510000 5050510000	5050020000 5050520000	5050030000 5050530000	5050050000 5050550000	SEE TRAV MANUAL	5050070000 5050570000	-
DATE MM/DD/YY	DEP ARR	TIME	AM PM	DESTINATION OF TRAVEL DEPARTURE DESTINATION RETURN	1 OR 2	AUTO MILES	REDUCED AUTO MILES	PER DIEM	MEALS	LODGING	AIR TRANS	OTHER TRANS	MISC TRAVEL EXPENSE	REGIST FEES	TOTAL
I hereby certify	or affirm	that the abo	ove exp	enses were actually incurred by me as					5051520000						TOTAL
necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted															
from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of state laws, rules and regulations.						5050040000	5050040001	5010720000	5050010000	5050020000	5050030000	5050050000	5050060000	5050070000	TOTAL 1 IN-STATE
SIGNATURE:						5050540000	5050540001	5010720000	5050510000	5050520000	5050530000	5050550000	5050560000	5050570000	TOTAL 1 OUT-STATE
APPROVED:				DATE:	2	<u> </u>				\$				GRAND TOTAL	

_____ DATE: _____