

Attach supporting documentation to the back of this form

# STATE OF IOWA

# PO/PV1 (NON-EMP)

OFFICIAL DOMICILE		<b>NON-EMPLOYEE EXPENSES</b>				DOCUMENT NUMBER			
PURPOSE OF TRAVEL		<input type="checkbox"/> NORMAL JOB DUTIES <input checked="" type="checkbox"/> MEETING <input checked="" type="checkbox"/> TRAINING		<input type="checkbox"/> CONFERENCE/SEMINAR <input type="checkbox"/> STAFF DEVELOPMENT <input type="checkbox"/> REQUIRED BY FEDERAL GOVERNMENT		<input type="checkbox"/> OTHER (SPECIFY)			

NAME AND HOME ADDRESS		ALTERNATE ADDRESS (send warrant to)		ACCOUNTING USE ONLY-REFERENCE ALL OTHER RELATED DOCUMENTS							
				DOC #		DATE PAID		DOC #		DATE PAID	

YEAR	TIME		TRAVEL		STATE VEHICLE			MEALS				LODGING		TRANSPORTATION AND OTHER EXPENSES		
	15				<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERSONAL VEHICLE	BREAKFAST	LUNCH	DINNER	TOTAL	REIMB	TOTAL	ACTUAL	REIMB TOTAL	CODE
MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE	CHARGE									
						.39										
						.39										
<b>TOTALS</b>																

TRANS/OTHER EXPENSE	A-AIR B-BUS/CAB D-LD PHONE	F-LOCAL PHONE L-LAUNDRY P-PARKING	R-REGISTRATION S-SUPPLIES T-TOLLS	O-OTHER SPECIFY HERE -->	DOCUMENT TOTAL	
ROUTINE USES OF THIS FORM ARE TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE ANNUAL SALARY BOOK					LESS ADVANCES	
					REIMBURSEMENT REQUESTED	

<b>CLAIMANT'S CERTIFICATION</b>				<b>AGENCY CERTIFICATION</b>			
I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.				I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: <b>CODE OR CHAPTER SECTIONS(S)</b>			
COMMUTING MILES EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N	TRAVEL INCLUDES VICINITY MILES? <input type="checkbox"/> Y <input type="checkbox"/> N	DIRECT DEPOSIT? <input type="checkbox"/> Y <input type="checkbox"/> N	WARRANT TO ALT ADDR? <input type="checkbox"/> Y <input type="checkbox"/> N	TRAVEL AUTHORITY # / BLANKET TRAVEL #			
TITLE				TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)			
SSN# leave blank				CHECK IF BOARD OR COMMISSION MEMBER <input type="checkbox"/>			
CLAIMANT'S SIGNATURE				AGENCY AUTHORIZED SIGNATURE			

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																	
DOC TYPE	DOC NUMBER		DOC DATE	ACCTG PRD	BUD FY	DOC TYPE 1=REF TO TE DOC, 2=NEW	ACTION	REFERENCE TE DOC		DOC TOTAL	I / D (MODIFICATIONS ONLY)						
TP							E										
TRAVEL CODE	ADDR OVERRIDE Y/N	SSN/EMPLOYEE ID	EFT IND Y/N	TRIP DATES FROM TO		COMMENTS	PURP	DESTINATIONS 1 2 3 4 5									
LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	NAME	CODE	SSN / TIN	DESC	AMOUNT	I / D	CLOSED?
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
<b>DOCUMENT TOTAL</b>																	

<b>WARRANT #</b>	<b>AUDITED BY</b>	<b>PAID DATE</b>
TP U7-41U IFAS TP (3/99)		