70FA.0080 (Rev. 8.86)	ORIGINA	DATE OF			ADDRESS:	SSN:	NAME:	TYPE OF											DATE		COST CENTER		FUND,	FOR			
	JNTS DUPLICATE—FILE	DATE OF PREVIOUS CLAIM			S:			TYPE OR PRINT COMPLETE HOME ADDRESS:				de-American de American de Ame							PLACELEFT		V to 1 to	DEPT/DIVCOST CENTER)	FOR FISCAL USE ONLY			
							ADDITIONAL EXPLANATION:	OME AD	***															GRANT			
								DRESS:						Andreas de la calación de la calació					TIME LEFT AM/PM					SUB			
													The state of the s											OBJECT			
								TOTALS		· · · · · · · · · · · · · · · · · · ·									PLACE ARRIVED					¥ ——			
	TRIPLICATE—CLAIMANT								**************************************										VED					AMOUNT			
	-																		ARRIVED AM/PM	TIME		Z	CLAIN	STATE			
																			MILES			- GOBHA	STATE OF TENNESSEE CLAIM FOR TRAVEL EXPE FOR PERIOD FROM				
																			MILEAGE AMOUNT	TRANSPO	HIS CLA	FROM	RAVEL	NNESS			
APPROVED	APPROVED	OFF	SIGNATURE		I CERTIFY TH	-				:									AIRLINE/ OTHER	TRANSPORTATION	HIS CLAIM MUSI		EXPEN	m m			
		OFFICIAL STATION				7													TAXI OR LIMO		מה דאהר דאהר		NSES				
		ATION			JE AND C	1													LODGING		TO BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS TYPE OR PREPARE IN INK	TO _		DEPT.			
					ORRECT	ESS TEN												•	BREAK- FAST	sans							
		77	+		CLAIM IS TRUE AND CORRECT. AMT. DUE CLAIMANT	MP. TRAVEL ADVANCE #	lo											al .	LUNCH	SUBSISTENCE	E IN INK						
		POSITION	AWI. DOE OLAIE				ROSS TO	SROSS TOTAL	GROSS TOTAL	ROSS TO	HOSS TO												DINNER		TH TRA		
			OTALE	CTATE			ICE #														ITEMIZED, ATTACH RECEIPTS' AND EXPLAIN	OTHER EXPENSES	VEL REGULATION:				
DATE	DATE	DATE	¥	9	€9		0												TOTAL								