STATE OF SOUTH CAROLINA
COMPTROLLER GENERAL'S OFFICE

AGENCY NUMBER_____

TRAVEL SUPPORT DOCUMENT

NAME_____ SOCIAL SECURITY NUMBER _____ DATE_____

RESIDENCE _____ OFFICIAL HEADQUARTERS _____

**MEALS & SUBSISTENCE ARE REPORTABLE AS INCOME IF THERE WAS NO OVERNIGHT STAY INVOLVED.

** - REPORTABLE IN OR OUT OF STATE						0520						0509		0237*
NON-REPORTABLE --- IN STATE	1	0504	0172	0501	0502	0503	0505	0506	0508	0507	0232*
NON-REPORTABLE --- OUT OF STATE	2	0514	0172	0511	0512	0513	0515	0516	0518	0517	0232*

DATE MO - DA	DEP / ARR	TIME	AM / PM	DESTINATION OF TRAVEL DEPARTURE DESTINATION RETURN	1 OR 2	AUTO MILES	PER DIEM	MEALS	LODGING	AIR TRANS	OTHER TRANS	MISC TRAVEL EXPENSE	SUBSIST ALLOW	REGIST FEES	NONSTATE EMPLOYEE TRAVEL	TOTAL
						0520						0509		0237 *		TOTAL
					1	0504 x	0172	0501	0502	0503	0505	0506	0508	0507	0232 *	TOTAL 1
					2	0514 x	0172	0511	0512	0513	0515	0516	0518	0517	0232 *	TOTAL 2

I hereby certify or affirm that the above expenses were actually incurred by me as 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.

SIGNATURE _____

*USE T/C 640

GRAND TOTAL

TRAVEL ADVANCE (0599) $ _____

FORM 62 3-96