Attach supporting documentation
to the back of this form

STATE OF IOWA

GAX (NON-EMP)

OFFICIAL DOMICILE

NON-EMPLOYEE EXPENSES

DOCUMENT NUMBER

PURPOSE OF TRAVEL
- ☐ NORMAL JOB DUTIES
- ☐ MEETING
- ☐ TRAINING
- ☐ CONFERENCE/SEMINAR
- ☐ STAFF DEVELOPMENT
- ☐ REQUIRED BY FEDERAL GOVERNMENT
- ☐ 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 ☐ PERSONAL VEHICLE			MEALS					LODGING		TRANSPORTATION AND OTHER EXPENSES	
MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE	CHARGE	BREAKFAST	LUNCH	DINNER	TOTAL	REIMB TOTAL	ACTUAL	REIMB TOTAL	CODE	AMOUNT
				TOTALS												

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

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

DOCUMENT TOTAL	
LESS ADVANCES	
REIMBURSEMENT REQUESTED	

CLAIMANT'S CERTIFICATION

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.

DEPARTMENT CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:

CODE OR CHAPTER SECTIONS(S)

COMMUTING MILES EXCLUDED? ☐ Y ☐ N

TRAVEL INCLUDES VICINITY MILES? ☐ Y ☐ N

DIRECT DEPOSIT? ☐ Y ☐ N

WARRANT TO ALT ADDR? ☐ Y ☐ N

TRAVEL AUTHORITY # / BLANKET TRAVEL #

TITLE: E911 Service Board Member

DEPARTMENT TO BE CHARGED: HSEMD - E911

TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)

VENDOR #

CLAIMANT'S SIGNATURE

DATE

DOCUMENT TOTAL

WARRANT #

PAID DATE