FRMS-4

Rev. 11/2013

**STATE OF ALABAMA**

**TRAVEL ADVANCE & PREPAID TRAVEL EXPENSES**

Officer or Employee Name:       SSN:

Agency Name:       Agency No.

Dates of Travel: From       To

Expenses: Travel Advance Prepaid Expenses:

Per Diem      

Mileage      

Lodgings      

Meals      

Conference Registration      

Commercial Transportation      

Other (specify):            

Total:      

* I (the traveler), agree to file a travel expense claim within seven days from the date of return from my trip.
* I (the traveler), agree to reimburse the State of Alabama for pre-payment of travel expenses or advance travel made to me or on my behalf in the event the trip was not made due to personal reasons.
* All prior travel advances made to me (the traveler) have been settled.
* I (the traveler) authorize the State of Alabama to withhold from any compensation due to me, any and all amount of the advance travel or prepaid expenses paid on my behalf that have not been settled timely, or that are outstanding upon termination from State services.

I certify that the above is true and correct and/or agree with the above, and that the amounts advanced to me or expenses prepaid on my behalf are for travel or official State business and do not exceed my bi-weekly salary.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Dept. Approval Date Traveler’s Signature