

TP 12X-2794

VOUCHER# 7

FINAL TRAVEL RECONCILIATION

(TO BE COMPLETED UPON TRAVELER'S RETURN)

<p>(1) TRAVELER'S NAME: <u>Deborah Miller</u></p> <p>(2) DEPARTMENT NAME: <u>D3- B05</u></p> <p>(3) T/A #: _____</p> <p>(4) DESTINATION: <u>As. AZ</u></p> <p>(5) PURPOSE: _____</p>	<p>(6) DEPARTURE DATE/TIME: <u>2-2-12</u> <u>8am</u></p> <p>(7) RETURN DATE/TIME: <u>2-5-12</u> <u>10:00pm</u></p> <p>(8) MAILING INSTRUCTIONS: _____</p>
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TRAVEL EXPENDITURES ITEMIZED BY DAY						
(9) DATE	(10) PER DIEM or ACTUAL COST	(11) LODGING EXPENSE (ATTACH RECEIPTS)	(12) OTHER MISC. EXPENSE (ATTACH RECEIPTS)	(13) PUBLIC TRANSPORTATION (ATTACH RECEIPTS)	(14) MILEAGE EXPENSE (MILEAGE X RATE)	(15) LINE TOTAL
2-2-12	\$ 31.00	\$ 67.83			\$ 101.16	159.99
2-3-12	\$ 37.00				\$ 63.88	100.88

(28) TRAVEL CERTIFICATION: I hereby certify that the above travel was completed in the performance of official duties, that the information given above is true in all respects, and that no claim against Pima County has before been made for any part thereof, and that I am not indebted to Pima County in any manner.

TRAVELER'S SIGNATURE: Deborah Miller DATE: 3/7/12

(29) COUNTY DEPARTMENT CERTIFICATION: I have examined this demand; expenditure is for a valid public purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the available funds are from a Federal grant, contract or source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

AUTHORIZED SIGNER: [Signature] DATE: 3-7-12

(16) TOTAL ALLOWABLE EXPENSE		AMOUNT		PREPAID PAYEE		VENDOR #	
		262.98					
<p>(17) ADVANCES /PRE-PAID EXPENSES</p> <p>a. REGISTRATION..... (Voucher No. _____) AMOUNT _____</p> <p>b. TRANSPORTATION... (Voucher No. _____) AMOUNT _____</p> <p>c. LODGING..... (Voucher No. _____) AMOUNT _____</p> <p>d. PER DIEM..... (Voucher No. _____) AMOUNT _____</p> <p>e. OTHER..... (Voucher No. _____) AMOUNT _____</p> <p>(18) TOTAL ADVANCES/PRE-PAID EXPENSES: _____</p> <p>(19) AMOUNT DUE EMPLOYEE: _____</p> <p>(20) AMOUNT DUE COUNTY Deposit Permit No. _____ Date _____</p>							
(21) AMOUNT	(22) FUND	(23) ACCT NO	(24) CENTER	(25) PROJECT FUND	(26) PROJ. CODE		
\$262.98	1000	5140	0023				
(27) FOR FINANCE DEPARTMENT USE ONLY							
PAYMENT DUE DATE	AUDIT BY	DATE OF AUDIT	PAY ENTITY	VENDOR #			