


FORM A20-AE (REV. 5/16)		 STATE OF WASHINGTON TRAVEL EXPENSE VOUCHER		NAME AND ADDRESS OF CLAIMANT PRINT				MONTH/YEAR		REG. SCHEDULED WORK HOURS							
AGENCY NAME WA Traffic Safety Commission				AGENCY NUMBER 2280						WORK PHONE NUMBER		OFFICIAL STATION					
										Statewide Vendor #		OFFICIAL RESIDENCE					
TRIP INFORMATION				PER DIEM				MOTOR VEHICLE				GRAND TOTAL		AMOUNT SUBJECT TO PAYROLL TAXES			
DATE	FROM	TO	TRIP TIME		PER MEAL ENTITLEMENT			LODGING COSTS <small>(Receipt Req'd)</small>	TOTAL PER DIEM	MILES DRIVEN					REIM-BURSEMENT RATE	MILEAGE ALLOWANCE	OTHER EXPENSE PER DETAIL BELOW
			DEPART	RETURN	BRKFST.	LUNCH	DINNER			SUBSISTENCE SUBTOTAL	POINT to POINT						
												0.535					
												0.535					
												0.535					
												0.535					
												0.535					
												0.535					
												0.535					
												0.535					
												0.535					
PURPOSE OF TRIP(S)																	
DETAIL OF OTHER EXPENSES				TOTALS													
DATE	PAID TO	FOR	AMOUNT														
				DOC DATE	PMNT DUE DATE	CURRENT DOC NO.	REFERENCE DOC NO.	VENDOR NUMBER			VENDOR MESSAGE		USE TAX				
				REF	TRANS	M	MASTER INDEX		SUB	SUB		PROJECT	SUB	AMOUNT	INVOICE NUMBER		
				DOC	SUF	CODE	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ		SUB OBJ	PROJECT	SUB PROJECT			
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.																	
SIGNATURE			DATE														
I have chosen not to request reimbursement for all travel expenses to which I am entitled for this travel period.			INITIALS														
				APPROVED BY				ACCOUNTING APPROVAL FOR PAYMENT				DATE		WARRANT TOTAL		WARRANT NO.	

<u>ITEM</u>	<u>DESCRIPTION</u>	
1	Agency Name	Enter the Agency's name listed in Chapter 75 of the State Administrative and Accounting Manual (SAAM).
2	Agency Number	Enter the Agency's number - See SAAM Chapter 75.
3	Name and Address of Claimant	Enter the employee's name and address where payment is to be sent (if applicable).
4	Month/Year	Enter the month(s) and year(s) when travel occurred.
5	Work Phone Number	Enter the employee's work phone number.
6	Social Security Number	Enter the employee's Social Security Number.
7	Regularly Scheduled Work Hours	Enter the employee's regularly scheduled work hours.
8	Official Station	Enter the employee's official station as designated by the agency - see SAAM Glossary for definition.
9	Official Residence	Enter the employee's city of official residence - see SAAM Glossary for definition.
10	Trip Information:	
	a. Date	Enter the date(s) of travel.
	b. From	Enter the city where the trip began.
	c. To	Enter the destination city.
	d. Trip Time	Enter both the departure and return times.
11	Per Diem	
	a. Per meal entitlement	Enter the reimbursable meal allowance amounts for breakfast, lunch, and dinner per Schedule A, B, or C - See SAAM Chapter 10.
	b. Subsistence Subtotal	Machine calculated.
	c. Lodging Costs	Enter actual lodging costs not to exceed the maximum reimbursable lodging amount. Attach original receipts or reference the file location. - See SAAM Chapter 10 for details.
	d. Total Per Diem	Machine calculated.
12	Motor Vehicle:	
	a. Miles driven - point-to-point	Enter the point-to-point miles as shown on an official state highway map or per the vehicle's odometer.
	b. Miles driven - vicinity	Enter the miles driven that exceed the point-to-point miles.
	c. Reimbursement rate	Enter the allowable reimbursement rate for the vehicle driven - See SAAM Chapter 10.
	d. Mileage allowance	Machine calculated.
13	Other Per Detail	Other reimbursable expense amounts transferred from the "Detail of other Expenses" section of the form (see line 18 instructions).
14	Grand Total	Machine calculated total reimbursable expenses.
15	Amount Subject to Payroll Taxes	Meal and other expenses that are to be reported to the Internal Revenue Service as taxable fringe benefit income. Federal income and payroll taxes will be collected on the amount reported. See SAAM chapter 10.
16	Purpose of Trip	Provide a brief description of the purpose of the trip/business conducted.
17	Less Travel Expense Advance	Deduct any travel expense advance amounts in the Grand Total column.
18	Detail of Other Expenses	Provide the date, payee description, and dollar amount. This section provides the detail for amounts listed in the "Other Per Detail" column (see line 13 instructions).
19	Signature, Date	To be signed and dated by the traveler. See SAAM Chapter 10 regarding electronic signature requirements.
20	Initials	Employees that choose not to be reimbursed for all allowable travel expenses must initial this box.
21	Document Date	The date the agency received a properly completed travel expense voucher from the traveler.
22	Payment Due Date	The payment due date is 10 work days after agency receipt of a properly completed travel expense voucher.
23	Current Document No.	Agency assigned number - optional.
24	Reference Document No.	Agency assigned number.
25	Vendor Number	Enter the employee's Vendor Number (if applicable).
26	Vendor Message	Agency discretion.
27	Use Tax	Indicate if Use Tax is applicable (T = yes or Blank = no).
28	UBI Number	Enter the employee's UBI Number (if applicable).
29	Accounting Information Block	This information is to be completed by the agency's accounting office. Includes the payment coding, warrant and invoice number information.
30	Approved By	The signature of the person authorized to approve payment of these travel expenses. See SAAM chapter 10 regarding electronic signature requirements.
31	Accounting Approval For Payment	The signature of the individual verifying the account coding and proper authorization prior to processing for payment. See SAAM chapter 10 regarding electronic signature requirements.