



**Comptroller Travel  
Object  
Code Listing**

**THIS INFORMATION MUST BE FILLED IN FIRST**

**Personal Information**

Traveler Name	
Address Line 1	
Address Line 2	
Title	
Texas Identification Number	
Mail Code	
Designated Headquarters	
Agency Number	
Current Document number	
Doc Agency	
Fiscal Year	
First Day of Travel	
Last Day of Travel	
Contact Name	
Contact <del>Phone</del> Number	

**Travel Voucher Detail Information**

**In-State Information**

Taxi Service	
Air Fare	
Rental Car	
Mileage Rate	
Parking Description	
Parking Amount	
Hotel Occupancy Tax Description	
Hotel Occupancy Tax Amount	
Incidental Expenses Description	
Incidental Expenses Amount	

**Out-of-State Information**

Taxi Service	
Air Fare	
Rental Car	
Mileage Rate	
Parking Description	
Parking Amount	
Incidental Expenses Description	
Incidental Expenses Amount	



TRAVEL VOUCHER / FORM

2. Agency number		3. Agency Name			4. Current document number		
5. Effective date (Agency use)		6. Doc date (First date of travel)	7. DOC agency	8. FY	9. Document amount		
10. Pay to:					11. Title		
					12. Designated headquarters		
13. Texas identification number		AGENCY USE					

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER		PMT DUE DATE	AGENCY USE			
	AGENCY USE						

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER		PMT DUE DATE	AGENCY USE			
	AGENCY USE						

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER		PMT DUE DATE	AGENCY USE			
	AGENCY USE						

16. Service date (Last date of travel)		17. Description (Agency use only)					

18. DISTRIBUTION							AMOUNT
<b>Expense itemization for in-state travel:</b>							
Fares, Public transportation	Taxi		Air Fare		Rental Car		0.00
Personal car mileage	0.00	Miles @ (Rate set by Legislature)			0		0.00
Meals and / or lodging							0.00
Parking							0.00
Incidental expenses (itemize)							0.00
							0.00
<b>Expense itemization for out-of-state travel:</b>							
Fares, Public transportation	Taxi		Air Fare		Rental Car		0.00
Personal car mileage	0.00	Miles @ (Rate set by Legislature)			0		0.00
Meals and / or lodging							0.00
Parking							0.00
Incidental expenses (Itemize)							0.00
							0.00
<b>TOTAL</b>							

19. I certify that the expense account shown above is true, correct, and unpaid.

<b>sign here</b> <small>Claimant</small>		Date	<b>sign here</b> <small>Supervisor</small>		Date
20. Claimant printed name		Supervisor's printed name		21. Title	
Claimant phone number 22.		Phone number		Date	



### CONTINUATION SHEET

DATE	y. INFORMATION REQUIRED BY TEXTRAVEL AND OTHER PERTINENT INFORMATION	Mileage Point to Point*

\*Show point-to-point breakdown, including intra-city mileage claims



STATE OF TEXAS

1. Doc agency	2. Current document number
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TRAVEL VOUCHER / FORM CONTINUATION

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						
15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						
15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						
15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						
15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						
15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
	INVOICE NUMBER	PMT DUE DATE	AGENCY USE				
	AGENCY USE						