

State of South Dakota  
**Travel Payment Detail**  
 (Not Valid Unless Accompanied By Approved Voucher)

Name: \_\_\_\_\_

Invoice ID	Date	Employee ID Number	Return Date	Advance	Expense	License No.	Home Station	
Date Mo./Day	Description of Travel Destination, Miles, Misc. Expense Etc.	Time		Auto Miles	Trans. Cost	Meals	Miscellaneous	
		Leave	Return				Lodging	Expense
<b>SUBTOTALS</b>				0	0.00	0.00	0.00	0.00

Purpose of Travel \_\_\_\_\_

\_\_\_\_\_

<b>GRAND TOTAL</b>	0.00
<b>APPLY TO ADVANCE</b>	
<b>AMOUNT REIMBURSABLE</b>	0.00

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_

Claimant

\_\_\_\_\_

Date

\_\_\_\_\_

Authorization

\_\_\_\_\_

Date

\_\_\_\_\_

Authorization

\_\_\_\_\_

Date