FORM
A20-AE (REV. 11/08)

STATE OF WASHINGTON
TRAVEL EXPENSE VOUCHER

AGENCY NAME	AGENCY NUMBER	NAME AND ADDRESS OF CLAIMANT	MONTH/YEAR
			REG. SCHEDULED WORK HOURS
			WORK PHONE NUMBER
			OFFICIAL STATION
			SOCIAL SECURITY NUMBER
			OFFICIAL RESIDENCE

TRIP INFORMATION					PER DIEM						MOTOR VEHICLE						
			TRIP TIME		PER MEAL ENTITLEMENT						MILES DRIVEN						
DATE	FROM	TO	DEPART	RETURN	BRKFST.	LUNCH	DINNER	SUBSISTENCE SUBTOTAL	LODGING COSTS (Receipt Req'd)	TOTAL PER DIEM	POINT to POINT	VICINITY	REIM-BURSE-MENT RATE	MILEAGE ALLOWANCE	OTHER PER DETAIL	GRAND TOTAL	AMOUNT SUBJECT TO PAYROLL TAXES
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PURPOSE OF TRIP(S)

LESS TRAVEL EXPENSE ADVANCE

DETAIL OF OTHER EXPENSES

DATE	PAID TO	FOR	AMOUNT

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

TOTALS

DOC DATE	PMNT DUE DATE	CURRENT DOC NO.	REFERENCE DOC NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS ALLOCATION	COUNTY BUDGET UNIT	CITY M.O.S.	PROJECT	SUB PROJECT	PROJ. PHASE	AMOUNT	INVOICE NUMBER

APPROVED BY	ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NO.

INSTRUCTIONS FOR COMPLETING A TRAVEL EXPENSE VOUCHER - FORM A20-AE

	ITEM	DESCRIPTION
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.