

DISTRICT JUDGES AND DISTRICT ATTORNEYS TRAVEL VOUCHER

1. Archive reference number	2. Agency number <b>241</b>	3. Agency name <b>Comptroller's Judiciary Section</b>				4. Current document number
	5. Effective date	6. DOC date	7. DOC agency <b>241</b>	8. PDT	9. Document amount	
						1

10. Pay to: (Name, address, city, state, ZIP Code)	11. Title
	12. Designated headquarters

13. Payee identification number	14. AGENCY USE
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15. SFX	REF. DOC.	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	AMOUNT
<b>001</b>			<b>225</b>						
	R	APPN		FUND	NACUBO SUB-FUND	AGENCY USE			
				<b>0001</b>					

15. SFX	REF. DOC.	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	AMOUNT
<b>002</b>			<b>225</b>						
	R	APPN		FUND	NACUBO SUB-FUND	AGENCY USE			
				<b>0001</b>					

15. SFX	REF. DOC.	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	AMOUNT
<b>003</b>			<b>225</b>						
	R	APPN		FUND	NACUBO SUB-FUND	AGENCY USE			
				<b>0001</b>					

16. Service dates From _____ To _____	17. Description
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18. DISTRIBUTION	AMOUNT
Fares, public transportation ( <i>Attach receipts</i> ), Taxi	
Air fare	
Rental car	
Personal car mileage _____ miles ( <i>at rate set by legislature</i> )	
Meals and lodging	
Personal plane mileage _____ miles ( <i>at rate set by legislature</i> )	
Postage	
Telephone	
Other travel expense ( <i>Itemize</i> )	
NOTE: Employee to keep extra copy for income tax purposes. <b>Do not</b> charge such items as miscellaneous incidentals or unauthorized expenses as they will not be approved by this agency.	<b>TOTAL</b>

19. THE STATE OF TEXAS County of \_\_\_\_\_

I, \_\_\_\_\_, District \_\_\_\_\_ in and for the \_\_\_\_\_  
 Judicial District of Texas, do solemnly swear that the foregoing account for expenses incurred by me in the discharge of my official duties as District \_\_\_\_\_ in attending the terms of court in the counties in my District, is just, true and correct, and that no part has heretofore been paid.

\_\_\_\_\_ Judicial District

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Notary Public, State of Texas

Name of notary (Please print)	Date commission expires
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20. Contact name	Phone (Area code and number)	21. Entered by
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22. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.

Approved <b>sign here</b> ▶	Phone (Area code and number)	Date
Approved <b>sign here</b> ▶	Phone (Area code and number)	Date

