

1. Archive Reference Number	2. Agency Number 738	3. Agency Name THE UNIVERSITY OF TEXAS AT DALLAS				4. Current Document Number
	5. Effective Date	6. Doc Date	7. Doc Agency 738	8. PDT	9. Doc Amount \$ -	

10. Pay To: (Name, Address, City, State, Zip Code)	11. Title
	12. Designated Headquarters

13. UTD-ID	14. UTD Account Number
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15. SFX	REF DOC	SFX	TC	INDEX	PCA	AY	COBJ	AOBJ	AMOUNT
001	R	APPN		FUND	NACUBO SUB-FUND				AGENCY USE
002	R	APPN		FUND	NACUBO SUB-FUND				AGENCY USE
003	R	APPN		FUND	NACUBO SUB-FUND				AGENCY USE
004	R	APPN		FUND	NACUBO SUB-FUND				AGENCY USE
005	R	APPN		FUND	NACUBO SUB-FUND				AGENCY USE

16. Service Dates From _____ To _____	17. Description
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18. DISTRIBUTION	AMOUNT
Expense itemization for in-state travel	
Fares, public transportation (<i>attach receipts</i>), Taxi Air fare Rental Car	
Personal car mileage Miles @ (Rate set by Legislature) 0.5	\$ -
Meals and / or lodging	
Parking	
Other travel expenses (<i>itemize</i>)	
Expense itemization for out-of-state travel	
Fares, public transportation (<i>attach receipts</i>), Taxi Air fare Rental Car	
Personal car mileage Miles @ (Rate set by Legislature) 0.5	\$ -
Meals and / or lodging	
Parking	
Other travel expenses (<i>itemize</i>)	
Local fund travel advance dated _____ in the sum of _____ was received.	\$0.00
	\$0.00

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

Claimant	Date	Supervisor	Date
Sign Here		Sign Here	

20. Contact name	Phone (area code and number)	21. Entered by
22. Approved by Procurement	Sign Here	Title
22. Approved by Procurement	Sign Here	Date

(Revised 5/12/09) Original -- Procurement Management - AD34 Copy - Department

Form 74-110

IN-STATE

a.	b.		
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Leave Headquarters				Arrive Headquarters				d. Cost of meals not to exceed \$36	e. Cost of lodging not to exceed \$85	f. TOTAL not to exceed \$121
Date	Hour	Min.	m.	Date	Hour	Min.	m.			
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
								TOTAL MEALS & LODGING		\$ -

OUT-OF-STATE

m. Leave Headquarters				n. Arrive Headquarters				p. Cost of meals not to exceed Federal Rate	q. Cost of lodging not to exceed Federal Rate	r. TOTAL not to exceed Federal Per Diem
Date	Hour	Min.	m.	Date	Hour	Min.	m.			
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
								TOTAL MEALS & LODGING		\$ -

DATE	y. RECORD OF TRANSPORTATION AND DUTIES PERFORMED	MILEAGE POINT TO POINT *
	Business purpose statement:	
	* Show point-to-point breakdown, including intra-city mileage claims	

Revised (5/12/09) Use an additional form or a "CONTINUATION SHEET," if additional space is needed.