State of Kansas
Department of Administration
Division of Accounts and Reports
DA - 125 (Rev, 06-99)

TRAVEL PAYMENT VOUCHER

Agency No.	Div. No.	Current Doc. No.
		V

Document Date: Effective Date: Due Date:

Vendor Information		Additional Information	
No/Sfx	Payment Indicator	Job Title	
Name		Official Station	
		Regular Domicile	
Street		Travel Period	
City,State & Zip		Travel Order No.	

Sfx	T/C	Reference Doc	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount	Agency Use
											Document Total	

Date	Departure Time	Arrival Time	Private Vehicle Miles	Destination	Meals	Lodging Name	Lodging Amount	Other Expense Amount	Other Expense Decription of Expense and Purpose of Travel

State Vehicle No. Total Miles
x Rate per Mile

Totals	Mileage Exp.		Meal Exp.		Lodging Exp.	Other Exp.	Document Total

Comments

Claimant Certification: I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law.

Claimant Signature Date

Agency Payment Certification: I certify that the within was contracted for the State under authority of law, and that the amount herein is unpaid and correct according to such contract.

Signature

Claimant Copy