Revised 3/27/08

# STATE OF WYOMING

## WOLFS-104 TRAVEL EXPENSE VOUCHER

AGENCY OPTIONAL USE
Approval #1
Approval #2
Approval #3

**DOCUMENT ID:**

GAX | DEPT. | DOCUMENT NO. | BFY | DATE: MM DD YY

**CLAIMANT STATUS:**

- ☐ State Employee
- ☐ Contract Employee
- ☐ Legislator or Brd/Comm Member paid as a Leg.
- ☐ Brd/Comm Member paid as a State Employee
- ☐ Other

**CLAIMANT INFORMATION**

Claimant Number: VC
Invoice Number:
Name:
Address (street/box):
City: State ZIP

**REASON FOR TRAVEL: Give specific reason for travel**

☐ Actual Expense Continuation Sheet, WOLFS-104B attached

**MODE OF TRAVEL - Check appropriate box(es).**

- ☐ State Plane
- ☐ Commercial Plane
- ☐ State Vehicle
- ☐ Personal Vehicle (PV)
- ☐ Other - Describe:

**TRAVEL SUMMARY**

| Date | Travel From City/Place | Travel To City/Place | Legis Daily Reimb. Rate | Actual Lodging Expense | Federal Lodging Reimb. Rate | Federal M&IE Reimb. Rate | Deductible Meals | | | Claimant M&IE | Mileage | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Bkfast | Lunch | Dinner | | Miles | Rate Per Mile | Amount | |
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**OTHER REIMBURSABLE EXPENSES**

| Date | Description | Amount |
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| | Total Listed Reimb. Expenses (Including Continuation Sheet) | |

**TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)**

| Date | Description | Amount |
|---|---|---|
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| | | |
| | | |
| | | |
| | Total Listed Transportation Expenses (Other Than Mileage) | |

**REMARKS**

**FORMS TOTALS**

| | |
|---|---|
| Total WOLFS-104 | |
| Total WOLFS 104b | |
| TOTAL CLAIM | |
| Total WOLFS-112 | |
| Out of Balance Condition | |

**CLAIMANT CERTIFICATION - REQUIRED**

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303:

1. This voucher is for travel on official business of the State, and is true and accurate.
2. Each claimed expense is allowable to me under W.S. 9-3-102 or 9-3-103, executive orders and direction, agency policy, and SAO Travel Instruction.
3. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.
4. The State of Wyoming has not paid or incurred any of the expenses claimed in this voucher.

Claimant Signature (in ink) Date

**VOUCHER PAYMENT AGENCY HEAD/DESIGNEE APPROVAL - REQUIRED**

This voucher is approved for payment. W.S. 9-3-102(a)(ii) states, "The head of the agency to be charged for the expenses, or his designee, shall approve the claim for payment. State officers or employees shall not approve their own claims. The head of the agency is responsible to determine the veracity of each claim[.]"

Agency Head/Designee Date

**AGENCY INTERMEDIARY APPROVAL - OPTIONAL**

I have read W. S. 9-3-102 and 9-3-103, the current Travel Instructions and Forms provided by the State Auditor's Office, applicable Executive Orders or memoranda, and any applicable agency travel policy. This voucher appears to comply with all applicable reqiuirements for payment.

Agency Fiscal Approver Date

| | AFTON | BASIN | BUFFALO | CASPER | CHEYENNE | CODY | DOUGLAS | DUBOIS | EVANSTON | GILLETTE | GLENROCK | GREEN RIVER | GREYBULL | GUERNSEY | JACKSON | KEMMERER | LANDER | LARAMIE | LOVELL | LUSK | MIDWEST | MOORCROFT | MORAN JCT | NEWCASTLE | PINEDALE | POWELL | RAWLINS | RIVERTON | ROCK SPRINGS | SARATOGA | SHERIDAN | SHOSHONI | SUNDANCE | THERMOPOLIS | TORRINGTON | WHEATLAND | WORLAND | WRIGHT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BASIN | 308 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUFFALO | 411 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASPER | 353 | 194 | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHEYENNE | 436 | 372 | 290 | 178 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODY | 247 | 61 | 182 | 214 | 393 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOUGLAS | 403 | 244 | 162 | 50 | 129 | 264 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DUBOIS | 155 | 196 | 256 | 198 | 346 | 203 | 248 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EVANSTON | 120 | 343 | 403 | 326 | 357 | 364 | 375 | 276 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GILLETTE | 481 | 190 | 70 | 136 | 242 | 250 | 113 | 325 | 461 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLENROCK | 378 | 218 | 136 | 24 | 158 | 239 | 30 | 223 | 350 | 143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN RIVER | 165 | 272 | 332 | 240 | 271 | 293 | 290 | 205 | 86 | 376 | 265 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GREYBULL | 300 | 8 | 128 | 201 | 380 | 53 | 251 | 204 | 351 | 198 | 226 | 280 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUERNSEY | 464 | 305 | 223 | 111 | 98 | 325 | 62 | 309 | 393 | 175 | 91 | 307 | 312 | | | | | | | | | | | | | | | | | | | | | | | | | |
| JACKSON | 69 | 238 | 341 | 284 | 432 | 177 | 334 | 86 | 190 | 411 | 308 | 190 | 231 | 395 | | | | | | | | | | | | | | | | | | | | | | | | |
| KEMMERER | 96 | 293 | 353 | 288 | 343 | 314 | 337 | 225 | 50 | 423 | 312 | 72 | 301 | 378 | 155 | | | | | | | | | | | | | | | | | | | | | | | |
| LANDER | 230 | 143 | 202 | 145 | 272 | 163 | 195 | 75 | 201 | 272 | 169 | 130 | 150 | 256 | 160 | 150 | | | | | | | | | | | | | | | | | | | | | | |
| LARAMIE | 387 | 339 | 260 | 148 | 49 | 359 | 136 | 297 | 308 | 249 | 165 | 222 | 347 | 104 | 383 | 294 | 222 | | | | | | | | | | | | | | | | | | | | | |
| LOVELL | 294 | 40 | 135 | 233 | 412 | 46 | 283 | 236 | 384 | 203 | 258 | 313 | 33 | 345 | 223 | 360 | 183 | 379 | | | | | | | | | | | | | | | | | | | | |
| LUSK | 457 | 298 | 216 | 104 | 140 | 318 | 55 | 302 | 430 | 157 | 84 | 344 | 307 | 49 | 388 | 392 | 249 | 166 | 338 | | | | | | | | | | | | | | | | | | | |
| MIDWEST | 398 | 198 | 78 | 47 | 225 | 259 | 97 | 242 | 372 | 89 | 71 | 287 | 206 | 158 | 328 | 334 | 189 | 195 | 213 | 151 | | | | | | | | | | | | | | | | | | |
| MOORCROFT | 509 | 219 | 98 | 164 | 269 | 276 | 140 | 354 | 488 | 28 | 170 | 404 | 226 | 178 | 440 | 450 | 301 | 276 | 232 | 129 | 117 | | | | | | | | | | | | | | | | | |
| MORAN JCT. | 100 | 208 | 311 | 254 | 402 | 147 | 304 | 55 | 220 | 381 | 278 | 220 | 200 | 365 | 30 | 190 | 130 | 353 | 193 | 358 | 298 | 409 | | | | | | | | | | | | | | | | |
| NEWCASTLE | 522 | 267 | 146 | 170 | 220 | 326 | 135 | 366 | 495 | 76 | 163 | 410 | 274 | 130 | 451 | 457 | 312 | 246 | 280 | 81 | 123 | 48 | 421 | | | | | | | | | | | | | | | |
| PINEDALE | 120 | 278 | 338 | 273 | 355 | 254 | 323 | 163 | 155 | 408 | 297 | 113 | 286 | 384 | 77 | 105 | 136 | 307 | 300 | 377 | 320 | 436 | 107 | 442 | | | | | | | | | | | | | | |
| POWELL | 271 | 62 | 157 | 239 | 417 | 24 | 288 | 227 | 388 | 226 | 263 | 317 | 55 | 350 | 202 | 338 | 187 | 384 | 22 | 343 | 235 | 254 | 171 | 302 | 279 | | | | | | | | | | | | | |
| RAWLINS | 288 | 241 | 229 | 117 | 149 | 262 | 167 | 200 | 208 | 253 | 142 | 123 | 248 | 184 | 284 | 194 | 125 | 100 | 281 | 221 | 159 | 280 | 255 | 287 | 207 | 286 | | | | | | | | | | | | |
| RIVERTON | 233 | 118 | 178 | 120 | 270 | 139 | 170 | 78 | 228 | 247 | 145 | 155 | 126 | 231 | 164 | 175 | 25 | 221 | 158 | 224 | 164 | 275 | 134 | 288 | 160 | 163 | 123 | | | | | | | | | | | |
| ROCK SPRINGS | 179 | 259 | 319 | 225 | 256 | 280 | 275 | 192 | 100 | 361 | 250 | 14 | 267 | 292 | 177 | 86 | 117 | 207 | 300 | 329 | 272 | 388 | 207 | 395 | 100 | 304 | 108 | 142 | | | | | | | | | | |
| SARATOGA | 330 | 282 | 259 | 148 | 127 | 302 | 198 | 240 | 250 | 283 | 173 | 165 | 289 | 182 | 326 | 236 | 165 | 79 | 322 | 244 | 195 | 311 | 296 | 317 | 249 | 326 | 42 | 164 | 150 | | | | | | | | | |
| SHERIDAN | 394 | 103 | 35 | 147 | 325 | 147 | 196 | 290 | 438 | 103 | 171 | 367 | 95 | 257 | 324 | 388 | 237 | 294 | 101 | 250 | 113 | 131 | 294 | 180 | 373 | 123 | 263 | 212 | 354 | 294 | | | | | | | | |
| SHOSHONI | 255 | 96 | 156 | 98 | 276 | 116 | 148 | 100 | 248 | 225 | 122 | 177 | 103 | 209 | 186 | 197 | 47 | 243 | 136 | 202 | 142 | 254 | 156 | 265 | 183 | 130 | 145 | 22 | 164 | 186 | 190 | | | | | | | |
| SUNDANCE | 543 | 252 | 132 | 197 | 265 | 311 | 174 | 387 | 522 | 61 | 203 | 437 | 260 | 174 | 473 | 484 | 334 | 290 | 266 | 125 | 150 | 34 | 443 | 47 | 469 | 288 | 314 | 309 | 422 | 344 | 165 | 287 | | | | | | |
| THERMOPOLIS | 288 | 63 | 123 | 130 | 309 | 84 | 180 | 133 | 280 | 193 | 155 | 209 | 74 | 242 | 218 | 230 | 79 | 276 | 104 | 235 | 175 | 221 | 188 | 270 | 215 | 108 | 178 | 55 | 196 | 218 | 158 | 32 | 255 | | | | | |
| TORRINGTON | 497 | 338 | 256 | 144 | 84 | 358 | 94 | 342 | 425 | 208 | 124 | 340 | 347 | 33 | 428 | 411 | 289 | 132 | 378 | 57 | 191 | 185 | 398 | 137 | 417 | 382 | 217 | 264 | 325 | 209 | 290 | 242 | 181 | 274 | | | | |
| WHEATLAND | 445 | 303 | 221 | 109 | 70 | 323 | 60 | 307 | 365 | 173 | 89 | 279 | 312 | 29 | 393 | 351 | 254 | 77 | 343 | 78 | 156 | 200 | 363 | 158 | 364 | 348 | 157 | 229 | 265 | 155 | 255 | 207 | 202 | 240 | 61 | | | |
| WORLAND | 321 | 30 | 90 | 164 | 342 | 91 | 213 | 166 | 313 | 160 | 188 | 242 | 38 | 275 | 251 | 263 | 112 | 309 | 71 | 268 | 168 | 188 | 221 | 237 | 248 | 93 | 211 | 88 | 229 | 251 | 125 | 65 | 222 | 33 | 307 | 273 | | |
| WRIGHT | 478 | 228 | 108 | 98 | 204 | 288 | 75 | 296 | 424 | 38 | 105 | 338 | 160 | 137 | 392 | 386 | 243 | 212 | 242 | 130 | 51 | 66 | 351 | 72 | 371 | 265 | 215 | 218 | 323 | 246 | 141 | 196 | 100 | 228 | 169 | 135 | 198 | |
| YELLOWSTONE | 127 | 113 | 234 | 267 | 429 | 52 | 316 | 83 | 247 | 301 | 291 | 247 | 105 | 378 | 57 | 217 | 157 | 380 | 98 | 370 | 312 | 330 | 27 | 379 | 134 | 76 | 282 | 161 | 234 | 324 | 199 | 169 | 364 | 136 | 410 | 376 | 143 | 340 |

WOLFS-104a Travel Expense Voucher Continuation Sheet

VC _____ Claimant Number

_____ Invoice

| Date | Travel From City/Place | Travel To City/Place | Legis. Daily Reimb. Rate | Acutal Lodging Expense | Federal Lodging Reimb. Rate | Federal M&IE Reimb. Rate | Deductible Meals | | | Claimant M&IE | Milage | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Bkfast | Lunch | Dinner | | Miles | Rate Per Mile | Mileage Reimb. | |
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OTHER REIMBURSEABLE EXPENSES

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TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)

| Date | Description | Amount |
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**WOLFS-104b Actual Expenses Sheet**

VC _____ _____

Claimant Number Invoice #

**TRAVEL SUMMARY**

| Date | Travel From to City/Place | Travel to City/Place | Actual Expense | | | | Mileage | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Lodging | Bkfast | Lunch | Dinner | Miles | Rate per Mile | Amount | |
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| | | Totals | | | | | | | | |

**OTHER REIMBURSABLE EXPENSES**

| Date | Description | Amount |
|---|---|---|
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| | | |
| | Total Other Reimbursable Expenses | |

**INCIDENTAL EXPENSES**

| Date | Description | Amount |
|---|---|---|
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| | | |
| | | |
| | Total Incidental Expenses | |

**TRANSPORTATION EXPENSES (OTHER THAN MILEAGE)**

| Date | Description | Amount |
|---|---|---|
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| | | |
| | Total Transportation Expenses (Other than Mileage) | |

**EXPENSE CATEGORY TOTALS**

| | |
|---|---|
| Total Lodging | |
| Total Meals | |
| Total Mileage | |
| Total Other Reimbursable Expenses | |
| Total Incidental Expenses | |
| Total Transportation Expenses (Other than Mileage) | |
| Total WOLFS-104b | |

WOLFS-112 Coding Continuation

Claimant Number _____ Invoice _____

AGENCY AUTHORIZED USE ONLY

| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 01 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
|---|---|---|---|---|---|---|---|---|---|
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
|---|---|---|---|---|---|---|---|---|---|---|---|
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 02 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
|---|---|---|---|---|---|---|---|---|---|
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 03 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 04 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| 05 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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WOLFS-112 Coding Continuation 2

Claimant Number _____ Invoice _____

AGENCY AUTHORIZED USE ONLY

| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 06 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
|---|---|---|---|---|---|---|---|---|---|---|---|
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 07 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 08 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| 09 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| 10 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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WOLFS-112 Coding Continuation 3

Claimant Number _____ Invoice _____

AGENCY AUTHORIZED USE ONLY

| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 11 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| 12 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
|---|---|---|---|---|---|---|---|
| 13 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| 14 | | | | | | | |

| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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| LINE NO | EVENT TYPE | LINE DESCRIPTION | LINE AMOUNT | BUD FY | FY | VENDOR INVOICE | INV LINE |
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| INVOICE DATE | CHECK DESCRIPTION | REFERENCE | DOC CODE | DOC DEPT | DOCUMENT ID | VNDR LINE | COM LINE | ACCT LINE | REF TYPE |
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| FUND | DEPT | UNIT | APPR UNIT | OBJ/ REV | SUB OBJ | REV | FUNCTION | PROGRAM | PHASE | PROG PERIOD | B/S ACCT |
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