

TRAVEL VOUCHER

PICK UP MAIL

(Circle One)

DESTINATION:	_____
JUSTIFICATION: <i>(Please be specific)</i>	_____ _____
PAYEE <i>(Please print)</i>	_____
ADDRESS:	_____
CITY, STATE ZIP:	_____

Fund:	_____
Dept:	_____
TRAVEL BY:	
County Vehicle	_____
POV	_____
Airline	_____
Other	_____
<i>(Explain)</i>	

Special Instructions/Notes: _____
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REIMBURSEMENT METHOD	
<input type="checkbox"/>	STRAIGHT PER DIEM
<input type="checkbox"/>	ACTUAL EXPENSES
<i>(Select One)</i>	

ADVANCE PER DIEM REQUEST	
ANTICIPATED DEPARTURE	
DATE: _____	TIME: _____
FROM: _____	
ANTICIPATED RETURN	
DATE: _____	TIME: _____
FROM: _____	

RETURN TRIP/FINAL PER DIEM REQUEST	
ACTUAL DEPARTURE	
DATE: _____	TIME: _____
FROM: _____	
ACTUAL RETURN	
DATE: _____	TIME: _____
FROM: _____	

By our signatures below, we certify that the payments requested herein are true and correct to best of our knowledge and were proper and necessary for conducting the business of the department.

PAYEE SIGNATURE: _____	DATE: _____
FISCAL OFFICER: _____	DATE: _____
<i>(Fiscal officer must not be same as payee)</i>	

A/P USE ONLY

ADVANCE PER DIEM CALCULATIONS			
_____	DAYS	X _____	= _____
_____	HOURS	@ _____	= _____
OR			
TOTAL ESTIMATED ACTUAL EXPENSES			_____
LESS 20% RETAINAGE		-	_____
TOTAL ADVANCE PAYMENT		=	_____

RETURN TRIP CALCULATIONS			
_____	DAYS	X _____	= _____
_____	HOURS	@ _____	= _____
LESS 80% ADVANCE		-	_____
OR			
ACTUAL EXPENSES TOTALING			_____
<i>(Receipts required)</i>			
_____	MAP MILES	@ 0.40	= _____
REGISTRATION FEES			_____
<i>(Receipts required)</i>			
PARKING			_____
<i>(Receipts required)</i>			
OTHER EXPENSES			_____
<i>(Receipts required)</i>			
GRAND TOTAL			\$ _____

G/L ACCOUNT	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
REFERENCE:	