



TRAVEL EXPENSE VOUCHER AND REQUEST FOR PAYMENT

TRAVELER'S NAME (print)			
MAILING ADDRESS			
CITY			
STATE		ZIP	
BOX <u>MUST</u> BE CHECKED			
US CITIZEN / PERMANENT RESIDENT	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
<i>Permanent Resident means the person is a green card holder</i>			

PURPOSE OF TRIP	
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ITINERARY

Date							
Departure : City							
Time							
Destination: City							
Time							

EXPENSES

							Total
Transportation							0.00
Lodging							0.00
Meals							0.00
Local Travel							0.00
Auto-No. of Miles Traveled							
(\$ 0.00 <i>per mile</i>)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other:							0.00
							0.00
Travler certifies that this request is accurate and correct and that traveler endeavored to obtain best pricing for transportation and lodging expenses.						Total Expenses	0.00
						Less Advances	
						Net Amount Due	\$0.00

_____ Signature of Claimant	_____ Project Position	_____ Date
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VOUCHER MUST BE HAND SIGN BY THE CLAIMANT