



**TRAVEL EXPENSE
VOUCHER AND REQUEST
FOR PAYMENT**

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

PURPOSE OF TRIP _____

ITINERARY

Date							
Departure : City							
Time							
Destination: City							
Time							

EXPENSES

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

Signature of Claimant

Project Position

Date