

TRAVEL REIMBURSEMENT VOUCHER

Traveler Address		Committee							
City/State/Z	in			FRANCE	Tra	vel to:			
Telephone I					Em	ail Address	196 196		
Date	Mode of Travel	POC Miles	x mileage allowance	Lodging Expense	Breakfast Expense	Lunch Expense	Dinner Expense	Other Expenses (specify)	Total Expenses
								46	
Column Totals									
Signature of (certifying a					Date		To	otal Amount Claime	d
In "x mileage a travel and per Attach receip	allowance" column, diem expenses sho ts for all reimbursab	volunteers insert uld be shown, bu le expenses, exce	\$.17 and employees \$ at reimbursement will lept POC mileage.	e) or other means of tra .57.5 (when POC used) be the amount claimed of miscellaneous expenses	x POC miles equals dor economy coach fa s and/or occasional n	ir, whichever is less	3.	es. (rates current as of	10/21/2020). All POC
		6	17.0	FOR OF	FICE USE ONLY				
Approved for payment in the amount of \$			Ac	gnature of DFO, countant, or			Date	7 [
Reset Fo	rm		Ire	easurer			50	Print Form	Submit by Email