TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

4. NAME *(Last, First, Middle Initial) (Print or type)*

15. ITINERARY

3. FOR D.O. USE ONLY

a. DATE 2012		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	
	DEP	Insert Address (Duty Station)	PA				
	ARR	CITY, STATE ZIP Code (HOR)		MC			
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18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
DDMMYY	Tolls (If applicable)		
DDMMYY	Tolls (If applicable)		

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

Reset