



Government of the  
District of Columbia

## TRAVEL AND RELATED EXPENSES VOUCHER

TRANSACTION CODE		DATE OF VOUCHER MO ___ DAY ___ YEAR ___			YEAR-END YEAR MO		VOUCHER ID AGENCY VOUCHER NO.				
P A Y E E	_____				TITLE OF TRAVELER _____						
	_____				SOCIAL SECURITY NO. _____						
	_____				(VENDOR #) _____						
	_____				_____						
LINE NO.	AGY	YR	INDEX	PCA	OBJ	40	GRANT	PH	PROJ	DESCRIPTION	AMOUNT
1	JA	12			401						
TRAVEL COVERED BY TRANSPORTATION REQUESTS (REIMBURSEMENT NOT TO BE CLAIMED BY TRAVELER)											
DATE OF TRAVEL	TRANS. REQUEST NO.	FROM	TO	CARRIER	VALUE						
DATE CHARACTER OF EXPENDITURE										SUB	AMOUNT
YR _____ If authority provides for travel to more than one point, time of arrival at an departure from each must be shown.										VOU. NO.	
Per diem allowance in lieu of actual expenses for subsistence from _____ at _____										XXX	
(time) to _____ at _____ (date)											
PREPARED BY:				AUTHORIZING OFFICIAL				TOTAL ADVANCE			
NAME _____				NAME _____				differences: _____			
DATE _____				DATE _____							
PHONE _____				CERTIFICATE OF ENTRY INTO FMS:							
				NAME _____				ADJUSTED TOTAL			
				DATE _____							

