

TRAVEL AND RELATED EXPENSES VOUCHER

Government of the
District of Columbia

TRANSACTION CODE		DATE OF VOUCHER MO ___ DAY ___ YEAR ___			YEAR-END YEAR		MO	VOUCHER ID AGENCY _____ VOUCHER NO. _____			
P A E	_____				TITLE OF TRAVELER SO: _____ (If City NO. _____) (VE _____)						
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 _____											
_____ to _____ at _____ (date)										XXX	
(time)	(date)			(time,							
PREPARED BY:		AUTHORIZING OFFICIAL				TOTAL ADVANCE					
NAME _____		NAME _____				differences: _____					
DATE _____		DATE _____									
PHONE _____		CERTIFICATE OF ENTRY INTO FMS:									
		NAME _____									
		DATE _____				ADJUSTED TOTAL					

