TRAVEL EXPENSE VOUCHER

FUTURES COMMUNITY SUPPORT SERVICES

NAME: _____ MONTH AND YEAR: _____

Date	Time Overnight Only: Leave	Return	Location From	To	Personal Auto Miles F.L.	A.D.	Lodging Expense	Meal Expense	Other Specify	Total Expense	Prepaid Amount	Net Expense

Date: _____ Signature: _____

Date: _____ Supervisor Approval: _____

Total Miles F.L.	_____	$0.45	
Total Miles A.D.	_____	$0.45	
		Total Expense	
		Other Expense	
		Reimbursement Due	