# TRAVEL VOUCHER

## Originating Agency
- **Payment Date**: (MM) (DD) (YY)
- **OSC Use Only**: 
- **Liability Date**: (MM) (DD) (YY)
- **MIR Date**: (MM/DD/YY)

## Payee ID
- **Additional Zip Code**: 
- **Route A**
- **Payee Amount**: 
- **IRS Code**: 
- **IRS Amount**: 
- **Agency Use Only**
- **Negotiating Unit**
- **Travel Advance**: No [ ] Yes [ ] Continuous [ ]
- **Ref/Inv. No.**: (Limit to 14 additional spaces)

## Travel
- **Ref/Inv. Date**: (MM) (DD) (YY)

## Purpose of Travel:

## Date and Time of Departure:
- **AM**: 
- **PM**: 

## Date and Time of Return:
- **AM**: 
- **PM**: 

## Mode of Transportation:
- **Transportation Request Used**: No [ ] Yes [ ]
- **Lodging Request Used**: No [ ] Yes [ ]

## Transportation Expense:

### Per Diem Allowance
- Days @ $ per day = $ Total: $ Amount of Lodging Request
- Days @ $ per day = $ Total: $ Amount of Lodging Request

### Meals Only:
- Breakfasts @ $ + Dinners @ $
- Breakfasts @ $ + Dinners @ $

### Miscellaneous Expenses/Explanations:

## Total Mileage from attached AC 160:
- miles @ $ per mile

## PAYEE'S CERTIFICATION
I hereby certify that the above account and schedules annexed are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

**Official Signature**

**Official Title**

**Station**

**Home Address**

**City**

**Dated**

## SUPERVISOR'S CERTIFICATION
I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

**Signature of Supervisor**

**Title**

**Date**

## VOUCHER TOTAL

**STATE COMPTROLLER'S PRE-AUDIT**
- Certified for Payment of the Total Amount
- Verified
- By

**For Agency Finance Office Use Only**
- I certify that this claim is correct and just, and payment is approved
- By
- Authorized Signature

## Expenditure
- **Cost Center Code**
- **Dept.**
- **Cost Center Unit**
- **Var**
- **Yr**
- **Object**
- **Accum Dept.**
- **Statewide**
- **Amount**

## Liquidation
- **Orig. Agency**
- **PO/Contract**
- **Line**
- **F/P**

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☐ Check if Continuation form is attached.