



# TRAVEL EXPENSE VOUCHER

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FROM \_\_\_\_\_ DATE \_\_\_\_\_

TO \_\_\_\_\_ DATE \_\_\_\_\_

RETURN \_\_\_\_\_ DATE \_\_\_\_\_

PURPOSE \_\_\_\_\_

AIR TRAVEL: ATTACH RECEIPT OR COPY OF AIRLINE TICKET \$ \_\_\_\_\_

TAXI FARE: TO AND FROM AIRPORT TERMINAL \$ \_\_\_\_\_

AUTO EXPENSE: NUMBER OF MILES \_\_\_\_\_ @ \$0.545 PER MILE \$ \_\_\_\_\_

PER DIEM: MEALS & INCIDENTALS 1ST & LAST DAY: @ \$ \_\_\_\_\_ X 2 = \$ \_\_\_\_\_

FULL DAYS: @ \$ \_\_\_\_\_ X \_\_\_\_\_ DAYS \$ \_\_\_\_\_

LODGING DAYS: ATTACH HOTEL/MOTEL RECEIPTS \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

LESS ADVANCES \$ \_\_\_\_\_

NET AMOUNT DUE \$ \_\_\_\_\_

This is to certify that this expense voucher submitted by the undersigned to Department Headquarters and thereafter reimbursed by Department Headquarters to the undersigned (or in the case of cash advance, accounted for) was not reimbursed by anyone else, and it was, in my judgment, expended solely and exclusively for executive capacity with the DAV Department of Texas.

**MUST BE SUBMITTED WITHIN 45 DAYS OF TRAVEL**

\_\_\_\_\_  
SUBMITTED BY TITLE DATE

\_\_\_\_\_  
APPROVED BY TITLE DATE

**This Section for DSO Use Only – DSO Travel Expenses Require Additional Signature of Supervisor**

\_\_\_\_\_  
APPROVED BY TITLE DATE