



Please return to: _____

no later than: _____

Travel Expense Voucher for

Calendar Year 2022

TRAVELER INFORMATION

Name of Traveler: _____

Phone Number: _____

Fax Number: _____

Email address: _____

Street Address: _____

City, State, Zip Code: _____

Name of Meeting: InFORM Regional Meetings 2023 CENTRAL

Dates of Trip: February 13 - February 15, 2023

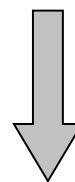
Time of Departure: _____ Time of Return: _____

Description of Expense	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
		13-Feb	14-Feb	15-Feb				
1. Air/Rail (if purchased by individual)								
2. Taxi/Bus/Ground Transportation								
3. Garage Parking/Tolls								
4. Personal Car Mileage (\$0.625 /mile)	Enter Personal Car Milage in the "Total Miles" box below.							
5. Hotel/Motel expenses								
6. Phone/Telegrams/Fax								
7a. Breakfast per diem (\$13)		\$13.00	\$13.00	\$13.00				\$39.00
7b. Lunch per diem (\$20)		\$20.00	\$20.00	\$20.00				\$60.00
7c. Dinner per diem (\$32)		\$32.00	\$32.00	\$32.00				\$96.00
7d. Incidental per diem (\$6)		\$6.00	\$6.00	\$6.00				\$18.00
8. Rental car (pre-approval required)								
9. Other Expenses (explain below)								
TOTAL EXPENSES		\$71.00	\$71.00	\$71.00				\$213.00

INSERT
TOTAL

Personal Car Mileage

Total Miles = From/To:

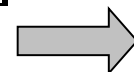


9. Other Expenses (describe)

PROJECT CHARGE INSTRUCTIONS		
G/L Code	Project Code	Amount

Total Expenses	\$213.00
Advance amount (if issued)	
Date advance issued:	
Balance Due	\$213.00

SIGN & PRINT NAME



NACCHO requests that all travelers provide original receipts for expenses over \$25.00. Receipts for per-diem are not required. Consult the travel policy for detailed information. Sign, date and return this form and receipts to the Budget Manager at NACCHO within 15 days of travel. NACCHO's mailing address is: 1201 I Street NW, 4th Floor, Washington DC 20005 Telephone: (202) 783-5550

Note: Failure to submit travel reimbursement in time specified may result in forfeiting your claim for reimbursement.

Traveler Signature	Date
Budget Manager Approval	Date
Second Staff Approval (if required)	Date