

# STATEMENT OF TRAVEL EXPENSES

SUBSISTENCE - MEALS AND LODGING

TRAVEL BY PRIVATE VEHICLE OR PUBLIC CARRIER

OTHER TRAVEL COSTS

| DATE                                | MEALS  |       |        | HOTEL ROOM | DAILY TOTAL | PURPOSE OF TRIP                | POINTS OF TRAVEL |    | PRIVATE VEHICLE |              | PUBLIC CARRIER | DESCRIPTION                   | AMT |
|-------------------------------------|--------|-------|--------|------------|-------------|--------------------------------|------------------|----|-----------------|--------------|----------------|-------------------------------|-----|
|                                     | BRKFST | LUNCH | DINNER |            |             |                                | FROM             | TO | MILES           | MILEAGE EXP. |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
|                                     |        |       |        |            |             |                                |                  |    |                 |              |                |                               |     |
| TOTAL SUBSISTENCE (CARRY TO PAGE 1) |        |       |        |            |             | TOTAL TRAVEL (CARRY TO PAGE 1) |                  |    |                 |              |                | TOTAL OTHER COSTS (TO PAGE 1) |     |

**NOTES:** 1) Original receipts for amounts paid for subsistence and other expenses must accompany this voucher.  
 2) Attach a copy of any approved "Request for Approval of Travel" to this form.