

TRAVEL VOUCHER

INSTRUCTIONS FOR COMPLETING THE *VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL* ([MDHS TRAVEL VOUCHER](#))

- A. Social Security # - Enter the last four numbers of your social security number.
- B. Name - Print your name.
- C. Title - Print title.
- D. Address - Enter your address of residence.
- E. Enter the beginning date and ending date covered by the travel voucher.

BACK

- F. Employee Name - Enter the employee's name.
- G. SSN - Enter the last four numbers of the employee's social security number.
- H. Date - Enter each date of travel.
- I. Purpose of travel - Reason for travel.
- J. Points of Travel - Enter the beginning, intermediate (area travel) and ending point of travel for each date.
- K. Total Miles - Enter the total miles traveled from the beginning point to the ending point.
(Explain the reason for any excessive miles.)
- L. Actual Breakfast - Enter the actual amount paid for breakfast each date. (Receipt required for out of state travel)
- M. Actual Lunch - Enter the actual amount paid for lunch each date. (Receipt required for out of state travel)
- N. Actual Dinner - Enter the actual amount paid for dinner each date. (Receipt required for out of state travel)
- O. Total Amount Allowed - Enter the sum of the amount allowed for breakfast, lunch, and dinner (Items L, M and N).

- P. Hotel/Motel - Enter the amount paid for hotel/motel for allowable expenses each date (Receipt required). If direct billed to the subgrantee, enter "DB".
- Q. Other Authorized Expenses - Item - In this column, enter the amount of any other allowable expenses.
- R. Total - Enter the total of each column (K, L, M, N, O, P and

Q). FRONT SIDE

- S. Transfer the totals from the back side of this form to the appropriate line(s).
- T. Subtotal - Enter the total of all amounts under S.
- U. Travel Advance - Enter the amount advanced to employee.
- V. Net Reimbursement (Refund) - Enter the difference in Lines T and U.
- W. Signature of Payee - Employee must sign in this space.
- X. Date - Enter the date signed in this space.
- Y. Verified by - The verifier must sign in this space.
- Z. Title - Enter the title of the verifier in this space.
- AA. Approved for payment - The subgrantee staff authorized to approve travel payments shall approve by signing in this space.
- BB. Title - Enter the title of the subgrantee staff authorized to approve travel payments in this space.