

National Environmental Health Science and Protection Accreditation Council

Travel Voucher

Name:		Date:	
Address:			
City:	State:	Zip Code:	

Travel Itinerary:

Date	Time	From	To	Mode/Flight
Purpose:				

Expenses:

Expenses	Amount/ Dates	Amount/ Dates	Amount/ Dates	Amount/ Dates	Amount/ Dates	Totals
Air / Rail Fare						
Car Rental						
Gasoline						
POV Mileage (50.5¢/mi.)						
Taxi / Limo						
Hotel Room						
Breakfast						
Lunch						
Dinner						
Telephone						
Parking						
Other:						

Total						
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Expenses (Continued):

Expenses	Forwarded Amount	Amount/ Dates	Amount/ Dates	Amount/ Dates	Amount/ Dates	Totals
Air / Rail Fare						
Car Rental						
Gasoline						
POV Mileage (35¢/mi.)						
Taxi / Limo						
Hotel Room						
Breakfast						
Lunch						
Dinner						
Telephone						
Parking						
Other:						
Total						

Continuation Page – If Needed

Expenses (Continued):

Expenses	Forwarded	Amount/ Dates	Amount/ Dates	Amount/ Dates	Amount/ Dates	Totals
	Amount					
Air / Rail Fare						
Car Rental						
Gasoline						
POV Mileage (35¢/mi.)						
Taxi / Limo						
Hotel Room						
Breakfast						
Lunch						
Dinner						
Telephone						
Parking						
Other:						
Total						

I certify that the above expenses were incurred on behalf of EHAC.

Signature

Date

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Amount Requested		Project:	
Amount Approved			
Difference		Authorized by	
Amount Paid Traveler		Date:	