Travel Voucher Questionnaire Work Sheet

Name:

Travel Dates: to

Please enter your out-of-pocket costs as indicated. If no cost was incurred, check "N/A" for that section.

Transportation from home to hotel: **N/A**

Bus/Taxi/Shuttle/Mass Transit: ☐

Privately Owned Vehicle: miles ☐

Lodging: **N/A**

Number of Nights: ☐

Total Hotel Room + Tax: ☐

Transportation to/from medical appointments: **N/A**

Bus/Taxi/Shuttle/Mass Transit: ☐

Privately Owned Vehicle: miles ☐

Transportation home from medical clinic or hotel: **N/A**

Bus/Taxi/Shuttle/Mass Transit: ☐

Privately Owned Vehicle: miles ☐

Miscellaneous Expenses (tolls, parking, etc.):

Please attach receipts for all expenses incurred during official travel. If you are missing receipts or if you have any questions concerning your travel reimbursement, contact Gladys Faxio at 301-713-7733.

Print Form