DCCCA, Inc.

TRAVEL AND EXPENSE REIMBURSEMENT VOUCHER

Name		Date		
DATE	DESTINATION AND BUSINESS	MILES	TOLLS	OTHER
	TOTALS	0	0	0

Request for overnight stays must include copy of hotel receipt AND the following:			
Date		Time Left	
Date		Time Returned	

Employee Signature	
Supervisor's Signature	

Accounting use only: Please do not write below this line.			
TOTAL MILES		VENDOR #	
TOTAL TOLLS		AMOUNT	
TOTAL OTHER		MONTH	
TOTAL OTHER		PROGRAM	
TOTAL PER DIEM		APPROVED	