Page _____ of _____

The Association for Individual Development

Travel for _____ 200 _____
Month

Name: _____
First Last (Please Print)

TRAVEL VOUCHER

Program Number 2

EXPENSE REPORT

Streeet Address/Apt #.

,IL

Home Address where check will be mailed to, if BLANK NO Check will be issued.

Miles between Home & Facility _____

Date	Departed From (Place)	Arrived at (Place)	Total Mileage	Net Mileage to be Reimbursed	Purpose
Total Net Miles for this Page					

Other Expenses (Attach all Receipts)	
Meals	
Tolls	
Parking	
Lodging	
Total Other Expenses	

Details of Expenses

I certify that the above account is correct and just and that I have not been furnished with transportation or money in lieu thereof for any part

Signature of Traveler Date

This certifies that the travel above was required by the official duties of the traveler named, to my personal knowledge, or as indicated by records submitted to me.

Approved - Program Director Date

Vice President Date

E470a Revised 01/02
Reviewed 01/02
Revised 2/07

Do Not Write in This Space
For Business Use Only

Drivers License on File:

Auto Insurance on File:

DO NOT WRITE IN THE SPACE BELOW

Total Miles This Page _____

Dollar Amount This Page _____

Total Other Expenses This Page _____

Check Total