## HHS/ASPR/OPEO NDMS TRAVEL VOUCHER WORKSHEET

To Determine Current Reimbursement Rates: http://www.gsa.gov Select Travel Resources, Then Per Diem Rates or POV Mileage Rates

DOCUMENT NAME: NAME: SOC SEC NO: ADDRESS: CITY, ST, ZIP: PHONE NO: E-MAIL:						I certify that this voucher worksheet is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered. Based on the reimbursable items below, I am claiming reimbursement in the amount of:  TEAM ID:  PREVIOUS VOUCHER: START:  CURRENT VOUCHER: START:  START:  START:  START:  GOVERNMENT TRAVEL" STATUS?  GOVERNMENT TRAVEL CARD USED?  POV Mileage Rate (enter as 0.000; ie 0.500) =										REGION: END: (YES/NO) (YES/NO) (YES/NO)	
NOTE: HHS/ASPR/OPEO GUIDELINES REQUIRE RECEIPTS FOR ALL REIMBURSEMENT CLAIMS																	
DATE	POV MILEAGE	TAXI OR RENTAL CAR	LODGING LOCATION COUNTY, STATE)	PF	ROVIDED LS B L D	M&IE	PHONE	LAUNDRY	AIR LINE TICKET	TRAVEL FEE	LODGING	LODGING TAX	RENTAL VEHICLE FUEL	GOV'T TRAVEL CARD ADVANCE		OTHER EXPENSES (EXPLAIN BELOW)	TOTAL
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ATTACH TRAVEL TIMERARY											OTHER	EXPENSES	S EXPLANA	TION:			
2,5-0	ATTACH TRAVEL ITINERARY TAPE RECEIPTS ON BLANK SHEET OF PAPER						DATE:										
2.5	PRINT NAME AND DOCUMENT NAME ON EACH RECEIPT DO NOT TAPE OVER RECEIPT DATA						DATE:										
							DATE:										