

Please submit voucher information within 5 working days from the date of return from trip.

TRAVEL VOUCHER EXPENSE RECONCILIATION

Name of Traveler:

Receipts are required for the following expenses: Hotel, airline/train ticket, registration fee, taxi, shuttle, all parking lot/garage fees, and only reasonable expenses will be considered for reimbursement.

Date	Time	Purpose	Mode (Taxi, shuttle, metro, personal vehicle, rental car, etc.)	Personal Vehicle Mileage	Cost
First Day of Travel					
	am/pm	Residence/Office to Airport (Circle place of departure)		miles	\$
		Primary Transportation	Airline/Train		\$
	am/pm	Airport to Lodging		miles	\$
Transportation Between Meeting and Lodging					
					\$
					\$
Last Day of Travel					
	am/pm	Lodging to Airport		miles	\$
	am/pm	Airport to Office/Residence (Circle place of arrival)		miles	\$
Other Reimbursable Expenses					
Date	Expense				Cost
	Lodging (Please do not include charges for tax)				\$
	Lodging Tax				
	Registration Fees (Membership dues are not a reimbursable expense)				\$
	Rental Car				
	Gas Purchases (May only be claimed if traveler was authorized use of a rental car)				\$
	Road Tolls				\$
	Official Business Telephone Calls				\$
	Personal Telephone Calls (\$3 allowance per travel night)				\$
	Parking @ _____				\$
					\$

Please return this form along with required receipts to: NIH/OD/OIR/OLRS, 2 Center Drive, MSC 0230, Room 2E28, Bethesda, MD 20892-0230