TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [ ] Electronic Fund Transfer (EFT)
- [x] Payment by Check
- [ ] Split Disbursement: Amount to Government Travel Charge Card $ _____

2. NAME (Last, First, Middle Initial) (Print or type): Doe, John E

3. GRADE: Civ

4. SSN: 123-45-6789

5. TYPE OF PAYMENT (X as applicable)
- [x] TDY
- [ ] PCS
- [ ] Dependent(s)
- [ ] Member/Employee
- [ ] Other
- [ ] DLA

6. ADDRESS. a. NUMBER AND STREET: 666 Evil Place
b. CITY: Sacramento
c. STATE: CA
d. ZIP CODE: 99999

e. E-MAIL ADDRESS: idoe@emsa.ca.gov

7. DAYTIME TELEPHONE NUMBER & AREA CODE: (000) 123-4567

8. TRAVEL ORDER NUMBER: TA-00

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER
c. PAID BY
d. COMPUTATIONS

11. ORGANIZATION AND STATION: CA EMS Authority

12. DEPENDENT(S) (X and complete as applicable)
- [ ] ACCOMPANIED
- [x] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
- [ ] YES
- [x] NO (Explain in Remarks)

15. ITINERARY

a. DATE 2004		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
4 Jun	DEP	HOR	PA			
4 Jun	ARR	"Your Departure" Airport		AT		20
4 Jun	DEP		CP			
5 Jun	ARR	Frankfurt, Germany		AT		
5 Jun	DEP		GP			
5 Jun	ARR	L'viv, UKRAINE		TD		
12 Ju	DEP		GP			
12 Ju	ARR	Frankfurt, Germany		AT		
12 Ju	DEP		CP			
12 Ju	ARR	"Your Return" Airport		AT		20
12 Ju	DEP		PA			
12 Ju	ARR	HOR		MC		
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. POC TRAVEL (X one)
- [x] OWN/OPERATE
- [ ] PASSENGER

17. DURATION OF TDY TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [x] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
1 May	Visa Photograph	12.00	
12 Jun	Automobile Parking	60.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
5 Jun	1	8 Jun	3
6 Jun	3	9 Jun	3
7 Jun	3	10 Jun	3

20.a. CLAIMANT SIGNATURE: John Doe
b. DATE: 16 June 2004
c. SUPERVISOR SIGNATURE
d. DATE

21.a. APPROVING OFFICER SIGNATURE
b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

4. NAME *(Last, First, Middle Initial) (Print or type)*

Doe, John E

15. ITINERARY

a. DATE		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
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3. FOR D.O. USE ONLY

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
11 June	1		

29. REMARKS