## EASTERN DISTRICT OF WASHINGTON TRAVEL VOUCHER - NAF

ŝ	NAME (Last, first, middle initial)	PERIOD OF TRAVEL				
(PAYEE)		DATE FROM	DATE TO			
TRAVELER	MAILING ADDRESS (Include ZIP Code)	OFFICE TELEPHONE N				
	DESCRIPTION/REASON FOR TRAVEL (i.e.: 9th Circuit Conference)					

TRANSPORTATION
TICKETS

				POINTS OF TRAVEL				
Enter name of airline and traveler below:	DATE TICKET ISSUED	TOTAL COST	AMOUNT PAID BY TRAVELER	TRAVELING FROM	TRAVELING TO			
I certify that the purpose of this trip was official business and, further, that this claim for reimbursement of travel expenses is true and correct to the best of my knowledge and belief; further, I have not received any other payment or credit for the travel expenses claimed on this voucher.								
TRAVELER SIGN HERE		DA	TE	AMOUNT CLAIMED				
NOTE: Falsification of an item on an expense account causes a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).								
I have reviewed this travel voucher and the expenses claimed appear reasonable and in compliance with the Eastern District of Washington's Non Appropriated Fund Policy. VOUCHER REVIEWER SIGN HERE DATE			FOR FINANCE OFFICE USE ONLY DIFFERENCES IF ANY (Explain and					
			show amount)					
I approve the business purpose of this trip(s) and reimbursement for the amount claimed appears reasonable.								
			NET TO TRAVELER					
		DATE						

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		expenses unless otherwise approved. Please forward backup documenation with your voucher for reimbursement. (i) (j) (m) (n)			Show amount incurred for each meal, including taxes and tips, relating to the meal being itemized. By calendar day, total the daily cost of meals. By calendar day, show the daily cost of incidentals, such as tips for maid services, forgotten items (eg., toothbrush), etc. Show the daily lodging cost excluding taxes for claims under actual expense method or per diem method. Show total subsistence expense incurred for actual expense travel. Show locality per deim amount or total of lodging plus M & IE rate if required by authorization, or total of actual expenses not to exceed the applicable maximum rates. Show other expenses such as local transportation (fares for bus, taxi, limousine, or subway, etc.), baggage handling, car rental, or expenses other than subsistence. (not to include airfare- see page 1)								
		DESCRIPTION	ITEMIZED SU			SUBSISTEN	BSISTENCE EXPENSES			MILEAGE RATE:	AMOUNT CLAIMED		
DATE	TIME	(Departure/Arrival city, per	MEALS			1	MISC.		TOTAL				
(a)	(Hour and am/pm) (b)	diem computation, or other explanations of expense) (c)	BREAK- FAST (d)	LUNCH (e)	DINNER (f)	total (g)	SUBSIS- TENCE (h)	LODGING (i)	SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (I)	SUBSISTENCE (m)	OTHER (n)
									TOTALS				
									The grand total of columns (I), (m), and (n), and Airfare from page 1 under "Amount Paid by Traveler" is listed below.				
											TOTAL AMOUNT CLAIMED	•	