

**EASTERN DISTRICT OF WASHINGTON  
TRAVEL VOUCHER - NAF**

<b>TRAVELER (PAYEE)</b>	NAME (Last, first, middle initial)	PERIOD OF TRAVEL	
		DATE FROM	DATE TO
	MAILING ADDRESS (Include ZIP Code)	OFFICE TELEPHONE NO.	
DESCRIPTION/REASON FOR TRAVEL (i.e.: 9th Circuit Conference)			

**TRANSPORTATION  
TICKETS**

Enter name of airline and traveler below:	DATE TICKET ISSUED	TOTAL COST	AMOUNT PAID BY TRAVELER	POINTS OF TRAVEL	
				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 ►	DATE	AMOUNT CLAIMED ►
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**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 \$10,000 or 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 ►	FOR FINANCE OFFICE USE ONLY  DIFFERENCES IF ANY (Explain and show amount)	
DATE		
I approve the business purpose of this trip(s) and reimbursement for the amount claimed appears reasonable.  APPROVING OFFICIAL SIGN HERE ►		
DATE	NET TO TRAVELER	

