

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE OF PAGES

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

15. ITINERARY

3. FOR D.O. USE ONLY

a. DATE	b. PLACE <i>(Home, Office, Base, Activity, City and State; City and Country, etc.)</i>	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	

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

29. REMARKS