



TUSCALOOSA RESEARCH AND EDUCATION ADVANCEMENT CORPORATION  
TRAVEL VOUCHER

NAME:	SOCIAL SECURITY NO.	PERIOD OF TRAVEL From: To:
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MAILING ADDRESS:	OFFICE PHONE NO.
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PRESENT DUTY STATION:	LOCATION (City and State)
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DATE	DESCRIPTION	TIME	DAILY EXPENSES			
			Lodging	Cabs, etc	Other Costs (describe)	
	Departed from:				Mileage @ \$0.55/mile	Amount
						\$0.00
	Arrived in:				3/4 M&IE	
					M&IE	
					M&IE	
					M&IE	
					M&IE	
					M&IE	
					M&IE	
					M&IE	
					Airport parking	
					3/4 M&IE	
	Departed from				Mileage @ \$0.55/mile	Amount
	Arrived at:					\$0.00
TOTALS			\$0.00	\$0.00		
TOTAL - Lodging & Transportation				\$0.00	TOTAL Other Expenses	\$0.00
AIRFARE (must submit last card of ticket)					TOTAL - MEALS	\$0.00
TOTAL AMOUNT CLAIMED						\$0.00

FOR TREAC USE ONLY		
REVIEWED:	APPROVED:	
_____ Executive Director	_____ President	_____ Date

TRAVELER MUST SUBMIT LODGING RECEIPTS, AIRLINE TICKET, AND ALL OTHER RECEIPTS FOR FULL REIMBURSEMENT