HHS/ASPR/OPEO
NDMS TRAVEL VOUCHER WORKSHEET

To Determine Current Reimbursement Rates: http://www.gsa.gov
Select Travel Resources, Then Per Diem Rates or POV Mileage Rates

T/A NUMBER: _____
NAME: _____
SOC SEC NO: _____
ADDRESS: _____
CITY, ST, ZIP: _____
PHONE NO: _____
E-MAIL: _____

I certify that this voucher worksheet is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered. Based on the reimbursable items below, I am claiming reimbursement in the amount of: -

_____ _____
Traveler's Signature Date

TEAM ID: _____ **REGION:** _____
PREVIOUS VOUCHER: **START:** _____ **END:** _____
CURRENT VOUCHER: **START:** _____ **END:** _____
START "IN TRAVEL" STATUS? _____ (YES/NO)
REMAIN "IN TRAVEL" STATUS? _____ (YES/NO)
INDIVIDUAL TRAVEL CARD? _____ (YES/NO)
POV Mileage Rate (enter as 0.000; ie 0.485) = 0.485

NOTE: HHS/ASPR/OPEO GUIDELINES REQUIRE RECEIPTS FOR ALL REIMBURSEMENT CLAIMS

DATE	POV MILEAGE	TAXI OR RENTAL CAR	LODGING LOCATION (CITY OR COUNTY, ST)	PROVIDED MEALS L	PROVIDED MEALS D	PROVIDED MEALS B	M&IE	PHONE	LAUNDRY	AIR LINE TICKET	TRAVEL FEE	LODGING	LODGING TAX	RENTAL VEHICLE FUEL	GOV'T TRAVEL CARD ADVANCE	GOV'T TRAVEL CARD ATM FEE	UNUSUAL EXPENSE (EXPLAIN BELOW)	TOTAL
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TOTAL	0	-	-				-	-	-	-	-	-	-	-	-	-	-	-

ATTACHMENTS

- ATTACH TRAVEL ITINERARY
- TAPE RECEIPTS ON BLANK SHEET OF PAPER
- - - PRINT NAME AND TA NO. ON EACH RECEIPT
- - - DO NOT TAPE OVER RECEIPT DATA

UNUSUAL EXPENSE EXPLANATION:

DATE:
DATE:
DATE:
DATE:

Revised 09 February 2007