



VOUCHER FOR OFFICIAL DUTIES

(Review current Fiscal Policy for allowable amounts)

Name: _____ Title: _____
 Address: _____
 City: _____ Zip Code: _____ Month: _____ Year: _____

DATE:	PURPOSE OF TRIP	BREAK-FAST	LUNCH	DINNER	TOTAL MEALS	LODGING	GRAND TOTAL
SUB TOTAL MEALS & LODGING							
MILEAGE (Attach Mapquest)					MILES @ \$.58 X		
TOLLS							
OTHER TRAVEL COSTS(REMARKS)							
SUB - TOTAL FOR TRAVEL							
OFFICE EXPENSES		PRINTING	SUPPLIES	POSTAGE			
SUB-TOTAL OFFICE EXPENSE							
GRAND TOTAL OF VOUCHER							

REMARKS

(ATTACH RECEIPTS TO FORM)

SUBMITTED BY: _____ DATE: _____
 APPROVED BY: _____ DATE: _____

TREASURER INFORMATION ONLY

Account: NARFE Florida Inc. _____ State Convention _____ Check Number _____ Date _____