



Travel Voucher Reimbursement Record

- 1. Name of Meeting & Meeting Dates: _____
- 2. Name of Attendee and Program: _____
- 3. Dates of Travel: _____
- 4. Destination(s): _____
- 5. Mode of Travel: POV _____ Common Carrier _____ Rental _____
GSA Vehicle _____ Passenger _____

Departure Information

Arrival Information

Leaving (Home)
Date: _____
Home/Office: _____

Returning (Home)
Date: _____
Home/Office: _____

Comments: _____

Expenses

- A. Airline: \$ _____
- B. Car Rental: \$ _____
- C. Tolls: \$ _____
- D. Lodging: \$ _____
- E. Round Trip Mileage (Residence/Airport/Destination & Return) _____
- F. Taxi/Shuttle: \$ _____
- G. Parking \$ _____

Please scan and e-mail, or mail or fax this form to the Indian Health Service, 650 Capitol Mall, Suite 7-100, Sacramento CA 95814. Fax # (916) 930-3951. If you have further questions, please contact the Indian Self-Determination Program Manager at (916) 930-3927.