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 ________________

<table>
<thead>
<tr>
<th>Department Information</th>
<th>Arrival Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaving (Home) Date: _________</td>
<td>Returning (Home) Date: ______________</td>
</tr>
<tr>
<td>Home/Office: ________</td>
<td>Home/Office: ________</td>
</tr>
</tbody>
</table>

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.