

# LEECH LAKE BAND OF OJIBWE

## TRAVEL EXPENSE VOUCHER

1. Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

2. Travel Authorization No: \_\_\_\_\_

A/R Per Diem Calculation: \_\_\_\_\_

System Generated Invoice No. \_\_\_\_\_

**4. Lodging & Per Diem Expenses Claimed-Charge to Travel Expense 50543**

**5. POV Expenses Claimed-Charge to Mileage Expense 50544**

(a) Date	(b) Time	(c) Departure / Arrival	(d) Lodging	(e) Per Diem	(a) Beginning Odometer	(b) Ending Odometer	(c) No. of Miles	(d) Mileage Rate: _____
<b>Total</b>								

**6. Expenses Claimed in Addition to Lodging/Per Diem/Mileage (see Travel Policies & Procedures page 4 Receipts Required)-Charge to Travel Expense 50543**

(a) Date	(b) Air/ Bus/Rail	(c) Taxi	(d) Limo	(e) Bus Subway	(f) Parking Toll Chg	(g) Rental Car	(h) Phone Telefax	(i) Meeting Room	(j) Other (List)	(k) Total
<b>Total</b>										

**7. TOTAL EXPENSES CLAIMED**

	Amount	Account #
Lodging (4.d) Travel Expense	_____	_____
Per Diem (4.e) Travel Expense	_____	_____
Other Expenses (6.k) Travel Expense	_____	_____
Mileage (5.d) Mileage Expense	_____	_____
<b>Sub-Total</b>	_____	
Less Travel Advance	_____	
Amount Due Traveler [ ] LLR [ ]	_____	

8. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.

*I have \_\_\_\_\_ have not \_\_\_\_\_ sought a reimbursement from another agency.*

\_\_\_\_\_

Signature of Traveler Date

\_\_\_\_\_

Division Director Date

\_\_\_\_\_

Travel Coordinator Date