The Commonwealth of Massachusetts

Executive Office for Administration and Finance

Travel Expense Voucher

NOTE: Prepare voucher on typewriter or print in ink

TYPE	EFFECT	AGENCY CODE	DAY NO.	AGENCY VOUCHER NO.

NAME OF EMPLOYEE	ENCUMBRANCE DOCUMENT NO.	SOCIAL SECURITY NO.	STATE CAR NO.

ADDRESS TO SEND CHECK	DATE MO.	DAY	YR

OFFICIAL HEADQUARTERS	HOME ADDRESS

DATE	DESCRIPTION Itemize by day and explain fully, including cities and towns visited. When listing privately-owned car mileage, report under "Remarks" the names, if any, of all other employees transported, together with the city or town and address between which they are transported.	PRIVATE Auto Mileage				MEALS			OTHER TRAVEL EXPENSES	TOTAL EXPENSES
		Miles	Amt	FARES	HOTEL	B-fast	Lunch	Dinner		
	TOTALS $									
	Totals by Object Code No. $	454				xxx	xxx	xxx	451	

RECEIVED PAYMENT DATE PAID TOTAL AMOUNT RECEIVED:

(This space is to be used only when payment is made by Spending Agency) CHECK NO.

EXPENDITURE AND OBJECT SUMMARY					TOTAL LIQUIDATION:
EXPENDITURE ACCOUNT					
ACTIVITY	SUBSIDIARY	OBJECT CODE	EXPENDITURE AMOUNT	LIQUIDATION AMOUNT	
					PRE-AUDIT BY:

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

Signed:

DATE OF ITEM REMARKS

FOR AGENCY USE ONLY