THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

TRAVEL EXPENSE VOUCHER

NOTE: Prepare voucher on typewriter or print in ink.
No Federal taxes will be allowed.

TYPE	EFFECT	AGENCY CODE	DAY NUMBER	AGENCY VOUCHER NUMBER

NAME OF EMPLOYEE	ENCUMBERANCE DOCUMENT NO.	SOCIAL SECURITY NO.	2	STATE CARE NO.

ADDRESS TO SEND CHECK	DATE MO.	DAY	YR.

OFFICIAL HEADQUARTERS	HOME ADDRES

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 addresses between which they are transported.	PRIVATE Auto Mileage Miles	 Amount	FARES	HOTEL	MEALS Breakfast	 Lunch	 Supper	OTHER TRAVEL EXPENSES	TOTAL EXPENSES
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
										$ 0.00
	TOTALS $									$
	Totals by Object Code No. $			xxx	xxx	xxx	xxx	xxx		**$ 23.40**

RECEIVED PAYMENT | DATE PAID | TOTAL AMOUNT RECEIVED

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

EXPIDENTURE AND OBJECT SUMMARY

EXPIDENTURE ACCOUNT ACTIVITY	SUBSIDARY	OBJECT CODE	EXPIDENTURE AMOUNT	LIQUIDATION AMOUNT

TOTAL LIQUIDATION

PRE-AUDIT BY:

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

Signed

FOR AGENCY USE ONLY

ITEM	REMARKS