

<b>TRAVEL VOUCHER</b>		<b>Agency: 709 - The A&amp;M System HSC</b>		<b>Dept No:</b>			
PAY TO: (NAME, Address, City, State, Zip code)				<b>Current Document Number</b>			
Designated Headquarters:		Title:		Texas Identification Number (TINS):			
Dates of travel:		Destination:		Document Amount:			
Date:	Record of Transportation and Duties Performed				Mileage Pt to Pt		
Continue Description of travel on Page 2							
PO Doc #	Enc Obj Code: 3030			P / F			
Expense Itemization for Travel				Agency Object	Amount		
Fares, Public Transportation (Attach Receipts)		Taxi:	Airfare:				
Car Rental							
Personal Car Mileage		Miles @	\$0.555				
<b>Meals and Lodging:</b>							
Date	Arrival/ Departure Time	Actual meals not to exceed max. allowable	Actual lodging not to exceed max. allowable	Date	Arrival/ Departure Time	Actual meals not to exceed max. allowable	Actual lodging not to exceed max. allowable
Total Meals & Lodging from Page 2:							
Meals & Lodging Total							
Hotel Tax							
Parking							
Registration							
Other Travel Expenses (Itemize)							
Total from Page 2:							
<b>DOCUMENT TOTAL</b>							
Contact:		Phone:		EMAIL:		Mail Stop:	
The following exception(s) is (are) being claimed for the use of non-contracted vendors. Please circle the applicable code A=Airline L=Lodging C=Car Rental							
A L C		1. Contract travel agency alternative.		A L C		4. Health and Safety issues.	
A L C		2. Lower total cost to the State.		A L C		5. Corporate travel charge card alternative.	
A L C		3. Efficient use of services.		_____		6. No Exceptions Claimed	
ADVANCE RECEIVED:				Agency Approval -			
ADVANCE NUMBER:							
I certify that the expense account shown above is true, correct, and unpaid to the best of my knowledge.				Department Head Signature		Date	
Claimant Signature		Date		Office of Finance & Administration Voucher Auditor		Date	

