

SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY

OUT OF AREA TRAVEL AND PER DIEM

Name: _____ Title: _____
 Program: _____

Date/ Time	Departure/ Destination					Lodging	Odomete Start	Odomete Finish	Total Miles	Transp. Expense	Total Expense
		1 Midnight 6:00 AM	2 6:00 AM 12:00 PM	3 12:00 PM 6:00 PM	4 6:00 PM Midnight						

Less Advance: _____
 Balance: _____

This travel voucher is accurate and complete. The travel and expenses were necessary to the performance of my duties with the Agency.

Employee Signature: _____
 Supervisor Signature: _____
 Executive Dir. Signature: _____

Date: _____
 Date: _____
 Date: _____