



VOUCHER FOR OFFICIAL DUTIES
 (Review current Fiscal Policy for allowable amounts)

Name: _____ Title: _____
 Address: _____
 City: _____ Zip Code: _____ Month: _____ Year: _____

| DATE: | PURPOSE OF TRIP | BREAK-FAST | LUNCH | DINNER | TOTAL MEALS | LODGING | GRAND TOTAL | |
|-----------------------------|-----------------|--------------------------|----------|------------------------|-------------|---------|-------------|--|
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| SUB TOTAL MEALS & LODGING | | | | | | | | |
| MILEAGE (Attach Mapquest) | | MILES @ \$.47 X | | | | | | |
| TOLLS | | | | | | | | |
| OTHER TRAVEL COSTS(REMARKS) | | | | | | | | |
| | | | | SUB - TOTAL FOR TRAVEL | | | | |
| | | OFFICE EXPENSES | PRINTING | SUPPIES | POSTAGE | | | |
| | | SUB-TOTAL OFFICE EXPENSE | | | | | | |
| | | GRAND TOTAL OF VOUCHER | | | | | | |

(ATTACH RECEIPTS TO FORM)

SUBMITTED BY: _____ DATE: _____
 APPROVED BY: _____ DATE: _____

TREASURER INFORMATION ONLY

Account: NARFE Florida Inc. _____ State Convention _____ Check Number _____ Date _____