

ORTHODOX CHURCH IN AMERICA
DIOCESE OF THE MIDWEST
927 NORTH LASALLE CHICAGO, ILLINOIS 60610

TRAVEL EXPENSE VOUCHER

Name: _____ Department: _____

Destination: _____

Purpose of Travel: _____

Date(s) from: _____ to: _____

from: _____ to: _____

TRANSPORTATION:

Air	\$ _____	
Bus, Rail	\$ _____	
Personal Vehicle	_____ miles @ _____ \$ _____	
Taxi, Car Service	\$ _____	
Vehicle rental	\$ _____	
Parking	\$ _____	
	Subtotal:	\$ _____

ACCOMODATION:

Lodging	\$ _____	
Meals	\$ _____	
Telephone	\$ _____	
	Subtotal:	\$ _____

OTHER: (please explain) _____
Subtotal: \$ _____

PLEASE NOTE: **TOTAL** \$ _____
SUPPORTING
RECEIPTS MUST BE
ATTACHED

Certification Statement:

I hereby attest that this is a true and accurate claim for expenses incurred as part of my official duties on behalf of the Church and that I have not received payment for these expenses from any other source.

Signature

Date