

## TRAVEL EXPENSE VOUCHER MICHIGAN TRAFFIC SAFETY SUMMIT

AGENCY	NAME	VENDOR ID or INDIVIDUAL SSN	DATE SUBMITTED
MAILING ADDRESS	TITLE OF POSITION	DATE(S) ATTENDED From: _____ To: _____	

DATE (MM/DD/YY)	DESCRIPTION	HOUR OF		VEHICLE EXPENSE		HOTEL	MEALS	REGISTRATION	INCIDENTALS	DAILY TOTAL
		DEPARTURE	RETURN	# MILES	TOTAL					
<b>TOTAL &gt;&gt;</b>										
<b>GRAND TOTAL &gt;&gt;</b>										

REQUESTING REIMBURSEMENT:    Employee             Employee's Agency

COMMENTS