



## 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
SUB TOTAL MEALS & LODGING							
MILEAGE (Attach Mapquest)				MILES @ \$ .67X			
TOLLS							
OTHER TRAVEL COSTS(REMARKS)							
				SUB - TOTAL FOR TRAVEL			
				OFFICE EXPENSES	PRINTING	SUPPLIES	POSTAGE
				SUB-TOTAL OFFICE EXPENSE			
				GRAND TOTAL OF VOUCHER			

**(ATTACH RECEIPTS TO FORM)**

REMARKS	

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**TREASURER INFORMATION ONLY**

Account: NARFE Florida Inc. \_\_\_\_\_ State Convention \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_