

MAVERICK COUNTY

Travel Voucher

Traveler: _____

Department Charged: _____

Submission Date: _____

Date	From	To	Mileage	Rate	Amount	Food Expense
				Totals		

Date	Lodging/Other Expenses	Amount	Total
		Total Due	

Purpose of Trip: _____

Approved: _____ Total Due: _____

Date: _____

Trips must be approved in advance. All receipts for lodging, food or other expenses are to be attached to this form, otherwise you will not be reimbursed for any missing receipts. Please verify in advance if you have funds available for the trip.

_____ Signature